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ABSTRACT

This guide is designed to be a practical resource for educators on the integration of general education students and those students with exceptional education needs between the ages of 3 and 5 years. Chapter 1 discusses the rationale for integration and examines what research says about the effects of integration on the development of young children in school. Chapter 2 deals with curriculum theories and philosophies, describing four major views of early childhood education. Chapter 3 describes developmentally appropriate practices for children ages 3 to 5. Chapter 4 describes several models for mainstreaming and integration, emphasizing that different models will be appropriate for different situations. Chapter 5 describes instructional strategies that are effective in integrated settings. Chapter 6 focuses on environmental considerations and includes sample floor plans. Chapter 7 provides general information about various types of special needs and includes descriptions of themes and ways to approach these themes for specific groups of children. Chapter 8 discusses parent involvement in the education of young children, viewing the community and the school as supports for the family as a whole and the child as an individual. Chapter 9 presents a model for staff development. A self-study unit then provides an opportunity to explore the topic of integration through discussion questions and activities. Appendices present: (1) activities that promote awareness of disabilities; (2) program administration materials; (3) an annotated bibliography of children's literature on disabilities; and (4) lists of local and state agencies in Wisconsin, national toll-free telephone numbers, national clearinghouses and organizations, publications for teachers and parents on specific disabilities, resources for implementing a quality early childhood program, and model early education projects. (Contains approximately 50 references.) (JDD)

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AN EARLY CHILDHOOD RESOURCE GUIDE FOR TEACHERS OF GENERAL AND EXCEPTIONAL EDUCATION STUDENTS

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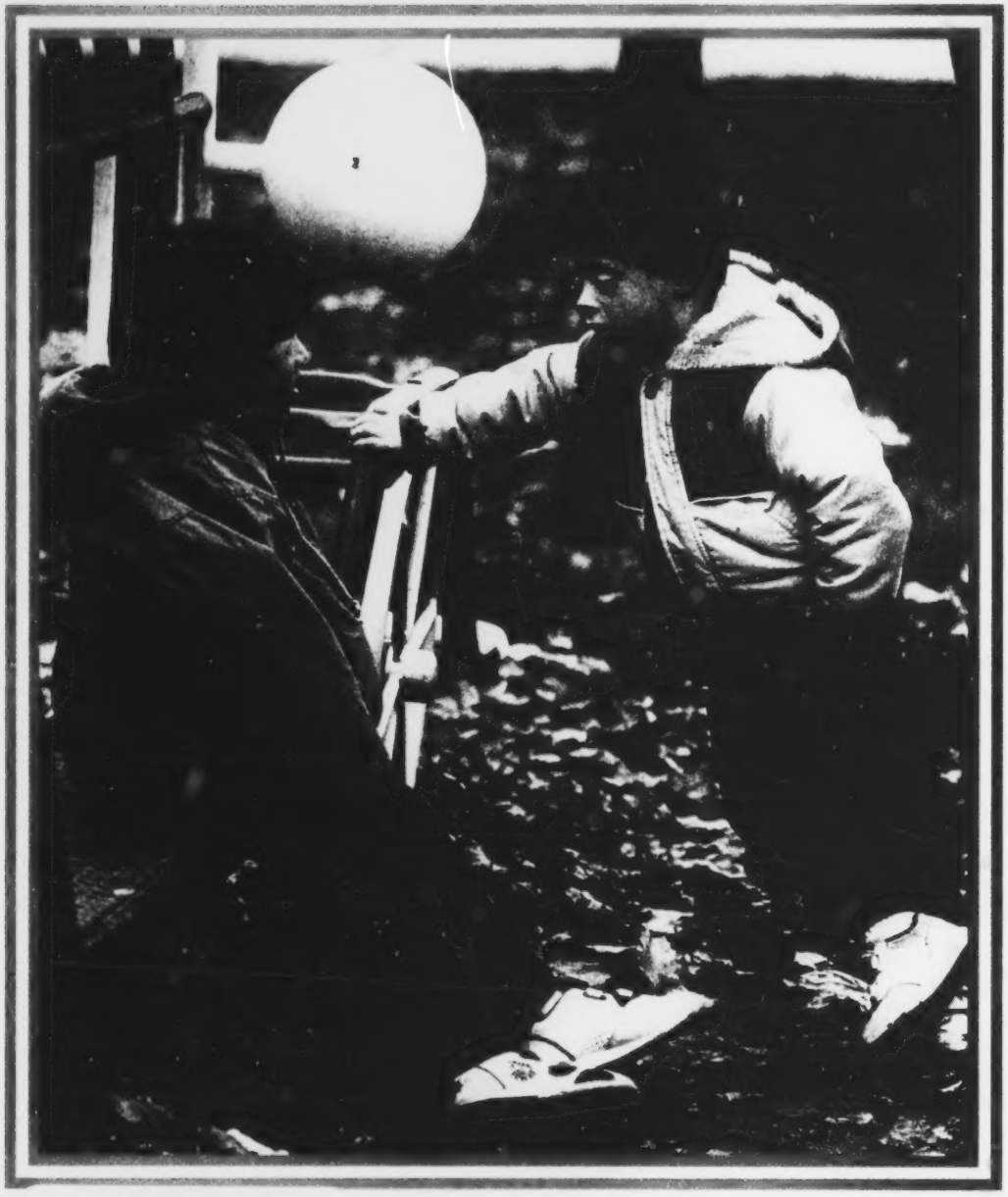

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INTRODUCTION

PUBLIC LAW 101-476

A HISTORICAL PERSPECTIVE

OVERVIEW OF CHAPTERS

DEFINITIONS

ACRONYMS

The group of five children eagerly put their fingers into the cups containing fingerpaint. Red and yellow fingerpaint blends together as the children smear their fingers and hands across the paper. Two of the children sit on one side of the table and three are on the other side. Each group works on a long piece of fingerpaint paper. "Here Joey, do you need this to be a little closer to you?" "Take it easy Therese, you are knocking into Ellen." The teacher softly converses with the children as they busily create their cooperative murals, which will be hung in the hall later for all to see. "Rrrrooommmmmm!" drives Mathew's fist as he makes a long mark of yellow fingerpaint on the now orange background. The children talk among themselves as they paint. Other groups in the class are engaged in listening to a story about police officers, making construction paper collages, and writing or drawing in journals.

A typical kindergarten? Yes and no. These children are all five years old. What makes this different from some other kindergartens is that eight of the children are enrolled in the cross categorical exceptional education class and 24 of the children are enrolled in the general education kindergarten class. The two classes get together once a week for cooking, art, stories, and other activities related to a theme. The children are divided into groups by the teachers, who make sure that each group has both general and exceptional education students. To the observer it was difficult to determine who was who. The groups were fully integrated, no one stood out as being "different" from the others.

This is an example of one of the kinds of programs described in this Resource Guide. This guide began in response to requests from administrators who wanted a guide for early childhood educators that would emphasize developmentally and individually appropriate programming for young children. A logical extension of this philosophy is the integration of general and exceptional education students. A number of models for such integration, from mainstreaming for art or music to fully integrated classes taught by teachers with dual certification (general and exceptional education), will be described. Information related to adapting units and lessons for children with specific exceptionalities and lists of resources, places where you can learn more about each topic are included.

Information for the resource guide was compiled in a number of ways. The Early Childhood Resource Guide Advisory Board included teachers, parents, administrators, college faculty, representatives from the Wisconsin Department of Public Instruction, and day care personnel. By consulting on an on-going basis with these different people, we were able to get a picture of teachers' needs as they work with young children. Additionally we surveyed over 800 early childhood educators in public and private schools, as well as in day care centers and nursery schools. The results of this survey helped define the areas included in the resource guide. Teachers indicated that they wanted a practical guide that included lesson plans and models for integration. Integration is defined here as participation by children with exceptional education needs in general education programs. The level of this integration must be individually determined and must meet the criteria of least restrictive environment. The Individuals with Disabilities Education Act (IDEA) PL 101-476 (formerly PL 94-142) discusses the concept of least restrictive environment by stating that:

"..to the maximum extent appropriate, handicapped children, including children in public or private institutions or other care facilities, are educated with children who are not handicapped. That special classes, separate schooling or removal of handicapped children from the general education environment occurs only when the nature of severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (20 USC CH 33, Section 1412, 5, B).

The survey results let us see a broad overview of the needs of teachers, as well as some of their circumstances. According to the Twelfth Annual Report to Congress on the Implementation of the Education of the Handicapped Act which was recently delivered to Congress, the number of three to five-year-olds with disabilities being served, increased from 265,814 to 321,360 between 1985 and 1988—a 21 per cent increase. This clear indication of need for services was born out by observations and interviews that were a part of this project. To go beyond the survey results the observations of classrooms were invaluable. These observations included public school general education classes;

bilingual classes; fully integrated classes; classes involved in mainstreaming children with hearing impairments, physical handicaps, and cognitive disabilities; private preschools; and day care centers. Some of these were in the Milwaukee area and others were across the nation. Programs were visited in Nebraska and North Carolina and included day care centers, private half-day programs, half-day kindergartens, and full-day kindergartens.

During each observation extensive notes were taken, with an emphasis on the "how" of what was going on. How did the teachers meet the individual needs of the children while maintaining a program for the whole group? How did the teachers involve parents and paraprofessionals in the program? What was the role of the administration? How did the teacher plan for interaction between children? How did activities meet the developmental needs of the children? How did mainstreaming or integration effect the children and the program goals? These are some of the questions asked during observations or interviews with the teachers.

In addition to the input from the Advisory Board, the survey results, the observations, and the interviews, the literature related to developmentally appropriate curriculum was reviewed. Information from all of these sources was reviewed to determine the needs of teachers and the content for this Resource Guide. The multiplicity of sources assures us that the Resource Guide will answer questions that teachers have related to early childhood education and the integration of general education students and those students with exceptional education needs between the ages of three and five years. The public law is a basis for the concept of integration.

PUBLIC LAW 101-476 INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Basic rights promised under PL 101-476 for children with disabilities and their parents:

- The right to a "free, appropriate public education" at public expense;
- The right to an educational placement that is based on an assessment and evaluation of each child's own special needs;
- The right for children with handicaps to receive teaching or instruction that is designed to meet their needs; these needs are to be clearly written and included in an Individualized Education Program (IEP) for each child, with statements about what services the child will receive;
- The right to a full range of educational services that may include related services such as counseling, special transportation, speech/language therapy, or occupational or physical therapy;
- The right for parents (or guardians) to be included in making decisions about their child's educational needs and to approve the educational plans for their child; and
- The right for parents (or guardians) to appeal any decisions made about the identification, evaluation, and placement of the child through the due process procedure;
- The right for all children with handicaps to be educated in the Least Restrictive Environment; that is, the most normal school setting possible, with special help provided.

A HISTORICAL PERSPECTIVE

The field of early childhood education is relatively young. In the early 1800's Rousseau and Pestalozzi spoke out for the education of young children. Rousseau believed that children learned through strict discipline and structure while Pestalozzi emphasized the

process of learning through self-discovery. The first kindergartens were established in the 1830's in Germany by Friedrich Froebel. These kindergartens were concerned with all aspects of development in young children. In the mid 1800's the concept of kindergarten spread to Wisconsin, with the first one established in 1856 in Watertown, Wisconsin. All of this progress in education for young children was what we now call general education. Children with special needs were usually not included. Children who were identified as handicapped in some way were sent to institutions or residential schools. The first public school class for children who were deaf was established in 1869. This was followed by a class for children with a cognitive disability in 1896, a class for children who were physically disabled in 1899, and a class for children who were blind in 1900. A number of classes and schools for children with special needs were developed throughout the first half of the twentieth century. Note that all of these classes were totally segregated. The concepts of integration and mainstreaming had not yet been developed. The message to parents was that children with special needs should be hidden away in a separate place or that their needs should be ignored, as the children with mild disabilities tried to "fit in" without any special help.

Several factors are involved in the increased emphasis on special education after World War II. There was a general increase in demand to services for all persons with disabilities, perhaps in response to the number of young men returning from the war with physical disabilities. Researchers such as Bloom and Hebb made the public aware of the dual influence of heredity and environment. This increased the potential of children who had been seen as hopeless before this time. Parents, teachers, and public policy makers became aware of the positive influence of an enriched environment. This led to a great increase in services for children with special needs and a joining together of parents, both for support and political action. Parents learned the power of the court in obtaining services for their children. At this time the conventional view was that special classes were the most effective. Parents and teachers were in agreement that most children with special needs would be the best served in a small class designed just for their type of need.

A major step in the education of all young children occurred in 1965 when the Economic Opportunity Act of 1964 took effect. That summer 550,000 children were enrolled in 2500 Head Start programs. Included in the Head Start guidelines established in 1972 is a requirement for 10 per cent enrollment of children with special needs. These children are integrated into the full program. Another major step towards education for all children was the 1975 passage of PL 94-142 and reauthorized in 1990 as Individuals with Disabilities Education Act (IDEA) PL 101-476. In Wisconsin, this means a free, appropriate education available for all children with disabilities when they reach the age of three years. Services were required to be available by September 1, 1980. Services are available until age 21. A component of this act is that education must be provided in the least restrictive environment. A segregated classroom or school is often not the least restrictive environment for children. This law led to the mainstreaming movement, with many parents realizing that their children could be effectively educated in both general and special education classes and that the decision was very individual. Mainstreaming involved the daily contact of general and special education students. The two fields, general education and special or exceptional education were still quite separate, with coordination and collaboration happening on a teacher to teacher basis.

In 1986, Madeline Will, assistant secretary for special education and rehabilitation in the U.S. Department of Education called for a Regular Education Initiative (REI). This would require a restructuring of education and the development of a model in which many children with mild disabilities would be educated in general education classes, with support for exceptional education personnel. This goes beyond mainstreaming to integration. The number and types of alternatives for children would be increased. Some educators and parents have gone beyond saying that just children with mild disabilities should be integrated to saying that almost all children with disabilities belong in general education classes with same age peers. This type of program requires coordination of resources and personnel to best meet the needs of all the children.

Since we know that children with disabilities are more like typically developing children than they are different, we can look at principles of early childhood education of the whole child for integration strategies. The move away from categorizing young children has allowed us to see children more as individuals and less as labels. This is in keeping with the movement that has occurred over this century, away from an "ignore or hide" philosophy to a serve in as "typical" a setting as possible.

OVERVIEW OF CHAPTERS

This Resource Guide is organized in chapters, each relating to a different aspect of education for young children. Because it is in a loose leaf notebook you will be able to easily add other information to each section.

Chapter 1 discusses the rationale for integration and what the research says about the effects of integration on the development of young children in school.

Chapter 2 relates to curriculum theories and philosophies. Four major views of early childhood education are briefly described.

Chapter 3 is reprinted with permission from the National Association for the Education of Young Children (NAEYC) and describes developmentally appropriate practices for three, four, and five-year-olds.

Chapter 4 describes several models for mainstreaming and integration. It is understood that there is no one perfect model. Rather, different models will be appropriate for different situations. For this reason a number of models are included. There are probably many more models that we haven't included. Individual teachers and their circumstances will dictate the best model for a given situation.

Chapter 5 describes instructional strategies that are effective in integrated settings. A number of teaching techniques are discussed.

Chapter 6 relates to environmental considerations and includes sample floor plans.

Chapter 7 gives some general information about various types of special needs and includes descriptions of themes and ways to approach these themes for specific groups of children. This is not meant to be an exhaustive set of ideas and activities. There are many curricular and activity resources available to early childhood teachers. Rather, it is a look at specific themes and ways that these themes might be adapted for varied populations. This will serve as a model for further adaptations that teachers will want to make to serve the children in their classes.

Chapter 8 discusses parent involvement in the education of young children. The community and the school are viewed as supports for the family as a whole and the child as an individual.

Chapter 9 describes a model for staff development, a key factor in successful integration.

Self-Study Unit Gives the reader the opportunity to explore this topic through discussion questions and activities.

Appendices are included in the guide. You will find many resources, including books, national, state, and local resources, and publications available for parents. A review of developmentally appropriate practices is included, as well as some activities for use with children and adults to raise awareness of special needs.

Taken as a whole, this resource guide will assist you as you look at your program and the roles you will play in serving the needs of all young children.

DEFINITIONS

CATEGORICAL: Classroom organized around a specific disability area.

CROSS-CATEGORICAL: The placement of children with a range of identified handicapping conditions in the same classroom.

EXCEPTIONAL EDUCATION TEACHER: A teacher trained to provide education to children with special needs.

INTEGRATION: The process by which children with and without disabilities are incorporated into the same program, either educational or day care.

LEAST RESTRICTIVE ENVIRONMENT: The environment that allows children with disabilities to be educated, to the maximum amount appropriate, with typically developing children. This includes education with the support of personnel and equipment.

MAINSTREAMING: The integration of children with disabilities in programs originally designed for typically developing children, with programming provided by regular and exceptional education teachers and support staff, as needed.

NEUROLOGIST: A medical doctor who specializes in the brain and nervous system.

NORMALIZATION: The position that advocates life conditions that are as close to "normal" as possible. This goes beyond educational conditions.

OCCUPATIONAL THERAPIST: A trained professional who provides therapy through self-care, work, and play to enhance motor development.

PHYSICAL THERAPIST: A trained professional who provides therapy and exercise to aid in better movement.

REVERSE MAINSTREAMING: The process of enrolling normally developing children in exceptional education classes for the purpose of fostering social interaction.

SOCIAL WORKER: A professional trained to support families and to aid them in securing assistance through the community.

SPEECH AND LANGUAGE THERAPIST: a trained professional who provides treatment for children with speech and or language problems or delays.

ACRONYMS*

ADD:	Attention Deficit Disorder
ADHD:	Attention Deficit/Hyperactive Disorder
CD:	Cognitively Disabled
CF:	Cystic Fibrosis
CMI:	Chronically Mentally Ill
CP:	Cerebral Palsy
DD:	Developmentally Disabled
DHH:	Deaf and Hard of Hearing
ED:	Emotionally Disturbed
EEN:	Exceptional Education Needs
FAS:	Fetal Alcohol Syndrome
IEP:	Individualized Education Program
IFSP:	Individualized Family Service Plan
LD:	Learning Disability
LRE:	Least Restrictive Environment
M-TEAM:	Multidisciplinary Team
MD:	Muscular Dystrophy
MS:	Multiple Sclerosis
PH:	Physically Handicapped
REI:	Regular Education Initiative
ROM:	Range Of Motion
VR:	Vocational Rehabilitation

*compiled by Amy Williams

CHAPTER 1
RATIONALE FOR INTEGRATION

GOALS OF INTEGRATION

WHY EARLY CHILDHOOD INTEGRATION?

In discussions concerning the integration of children with exceptional education needs in early childhood general education classes three main concerns repeatedly arise. These concerns relate to the social acceptance of the children with special needs, the importance of meeting their needs, and the necessity of not inhibiting the "progress" of the early childhood general education students. Each one of these concerns is legitimate and has been considered through observations and research. Ultimately there is no one formula for successful integration. Successful integration is dependent on many factors. At this point the discussion will focus on rationales for integration.

The research indicates three main rationales for integration (Jenkins, Odom, and Speltz, 1989). The first is a legal issue. Integration represents the least restrictive environment for the majority of young children with special needs, as mandated in PL 99-457. Integration is also seen as morally and ethically correct. It is in keeping with the view of early childhood professionals that all children be viewed first as children, then as children with individual needs. The positive effects of integration for both disabled and nondisabled children, as discussed below, are a strong argument for increased integration of young children.

Integration is viewed as positive for both early childhood exceptional education and early childhood general education students. Diversity is both a characteristic and a value in our society. No class of students is totally without diversity. The inclusion of students with special needs in early childhood general education classes expands the definition of who can and should be educated together. For the students without disabilities this provides opportunities for developing acceptance of and positive attitudes towards individual differences. This acceptance is very important for the social development of the exceptional education students. A key factor in the development of self-esteem is acceptance by one's peer group. Odom and McEvoy (1988) found that children with exceptional education needs gain as much from mainstreamed settings as they do from segregated settings. "For children with special needs, then, appropriate education is individually determined, individually designed, and depends upon placements that are least restrictive and maximally normal" Safford (1989). Integration can promote positive attitudes about individual differences, including disabilities.

GOALS OF INTEGRATION

Kenny (1987) has stated the two major goals of integration as stigma reduction or removal and competency enhancement. These goals are closely related to indicators of quality early childhood programs for disabled and nondisabled children. This is illustrated in the chart on the next two pages (Kenny, 1987):

Diversity is both a characteristic and a value in our society.

GOALS OF INTEGRATION

DIMENSIONS OF INTEGRATION	MEANS	STIGMA REDUCTION	COMPETENCY ENHANCEMENT
	Physical	• inclusion — physical — attitudinal — behavioural • modification of environment to increase levels of independence	• individualized program to foster competent use of environment—support as required
	Functional	• participation with needed support • interaction in real situations	• developmental program with functional focus • teaching support/skills transfer
	Social	• social involvement with peers—assisted as necessary • encouragement of attitudes, manners—respect esteem.	• social development support—practical skills acquisition • experience of respect, esteem.
	Personal	• normal involvement and support of family—inclusion • assistance in making friends	• time • use of additional supports as necessary • assistance in establishing and managing relations with peers.
	Societal	• increase awareness, understanding, acceptance of handicapping condition	• opportunity/assistance in self-expression, creativity, choice making etc. as for peers. • support towards optimal independence
	Organizational	• include in overall planning for services to increase accessibility & availability	• provision of adequate infrastructure of integrated support

GOALS OF INTEGRATION - PRIMARY

DIMENSIONS OF INTEGRATION	OUTCOMES	STIGMA REDUCTION	COMPETENCY ENHANCEMENT
	Dispersal through community	• inclusion and acceptance in local area services	• Provisions of program support in 'normal' environments—partial/whole
	accessibility/ availability	• acceptance—belonging • personal development	• development of adaptive behaviors, attitudes, practices
	flexibility of format	• responsiveness and adaptability to individual needs	• adaptations to foster inclusion and participation
	Opportunity for continuity	• 'normalcy' or service availability	• flow of service to enhance development
	framework for integrated services (Extraordinary)	• establishment of patterns of community acceptance • normalized delivery of integrated services	• applied functional base for individual development • team work for greater efficiency and effectiveness
	Curriculum/ programming • holistic • competency based • developmental attitude/approach	• opportunity for child centered individualized program to—ameliorate and compensate for handicapping conditions—development of self-esteem—self-realization	• effective diagnostic and programming services • individualized programs • appropriate methodologies and approaches for teaching • application of variable models of support.
	appropriate and adequate staffing	• understanding and acceptance—active • time sharing	• additional staffing as required • skills sharing and adequate advisory services
	interaction • child—child • child—staff • staff—parent other professionals • staff, other professionals	• opportunities for play and friendship: communication support • quality interaction— • information sharing • partnership and teams • family support	• program of assistance/guidance • collaborative and shared approaches to meeting child's needs • effective communication and problem solving
	Administration	• planning for inclusion and involvement • efficient and effective management	• availability of resources and supports • efficient and effective management
	Evaluation	• systematic evaluation of outcomes/goal closeness	• revision, review and ongoing modification of program, approaches to meet goals of overall integration and individual needs

The findings of Guralnick and Groom (1987) point out that mildly developmentally delayed children engage in a much higher rate of peer related social interactions when participating in mainstreamed play groups in comparison to specialized classroom programs. Not only was the rate of social interaction in the mainstreamed setting more than twice that in the specialized setting, but higher rates also were noted for many individual social behavior categories that are typically associated with peer related social competence such as 'gains attention and positive leads.' This social competence is attributed to the modeling of peers without handicaps in the play setting.

Level of acceptance is highly influenced by teacher modeling.

The benefits of integration are not only for those children labeled as disabled. Typically developing children also benefit from the opportunity to develop empathy for differences related to handicapping conditions. The opportunity to experience a heterogeneous peer group and become more sensitive to the situations of others is seen as a positive benefit of integrated programs. In a longitudinal study of both integrated and segregated settings Beckman and Kohl (1987) found that in segregated settings children spent less time looking at and being close to peers than they did in integrated settings. Positive social interaction increased over time for children with special needs in the integrated setting.

The argument for integration is based, in part, on the assumption that the two groups of children will interact in positive, mutually beneficial ways. Research shows us that this does not necessarily happen automatically (Odom and Mc Evoy, 1988). Level of acceptance is highly influenced by teacher modeling. As we would expect, young children have questions about disabilities. This is a natural response to new circumstances and can be responded to matter-of-factly, with an emphasis on characteristics of the exceptional education student that are not related to the area of disability. Teacher modeling, social skills instruction, and establishment of a cooperative environment enhance social interaction between children, whether it be early childhood exceptional education and early childhood general education students or two groups of early childhood general education students.

Teachers who are aware of the need to facilitate social interaction set up repeated opportunities for children to engage in activities in groups of two or three.

Teachers who are aware of the need to facilitate social interaction set up repeated opportunities for children to engage in activities in groups of two or three. When integration occurs in a quality early childhood

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program, children with special learning needs develop socially, emotionally, and cognitively. While the mere fact of integration does not insure peer interaction, Bricker (1986) has found that integration creates a more demanding environment that encourages behaviors not seen in classes that are not integrated.

WHY EARLY CHILDHOOD INTEGRATION?

Early childhood environments are especially well suited to integration because they have traditionally focussed on developmentally appropriate activities, with the appropriateness determined on an individual basis. In a study of quality educational environments for young children, Barbara Day and Kay Drake (1986) discussed four elements of developmental programs for young children:

1. Awareness of the need for children to practice developmental tasks relevant to their developmental level.
2. Teachers understand developmental characteristics of young children and are able to interact appropriately with young children.
3. Curriculum furthers cognitive development through the use of concrete experiences.
4. Physical settings stimulate curiosity and independence, while motivating children to interact with concrete materials.

It is important to point out that while a developmentally appropriate curriculum does further cognitive development it is not an academic program. This distinction is clearly made by Lillian Katz when she says, "Academic rigor refers to strong emphasis on completion of school like tasks, exercises, grade level achievement, grades and test scores, following instructions and meeting requirements, conforming to procedures and conduct necessary to succeed in academy and to fulfill its institutional requirements. Academic also suggests being out of touch and abstract. In contrast, intellectual rigor refers to characteristics of the life of the mind and its earnest quest for understanding, insight, knowledge, truth, solving intellectual puzzles, and the like" (Katz, 1987).

The National Association for the Education of Young Children (NAEYC) has written at length on the concept of developmental and individual appropriate practices as they relate to programs for young children. The expanded edition of Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8 (Bredekamp, S. Ed., 1987) describes in detail appropriate practices for three, four, and five-year-olds, and is reprinted in part, in Chapter 3 of this Resource Guide. Two main, related concepts deal with developmental and individual appropriateness. Developmental appropriateness refers to the need to consider typical physical, emotional, social, and cognitive development of the particular age group. Knowledge of this serves as a framework when planning the environment and experiences. Individual appropriateness refers to the need to consider the unique aspects of each child. This includes the child's interests, personality, learning style, and past experiences. For

WHY INTEGRATION IN EARLY CHILDHOOD CLASSES?

- instruction is already individualized
- young children are accepting of differences
- developmental differences are not as great as in later years
- meets the spirit and letter of the law

example, the elements of dramatic play may vary widely, depending on the children who are involved. Knowledge of general child development would tell the teacher or caregiver to promote dramatic play for four and five year olds that includes identifiable props and other materials that are open ended and can be defined as the children wish. Awareness of the specific children will help the teacher or caregiver plan for a dramatic play following a theme of hospital, bakery, or restaurant, depending on the interests and experiences of the children. Knowing the children well means that adults know what level of activities should be made available for the children. Because of these two levels of awareness, children with a range of developmental levels can be accommodated in the same classroom. Level of interest and participation will vary from child to child and from activity to activity, but this will be true whether there are children with exceptional education needs in the class or not. No class is truly homogeneous.

Specific guidelines for the implementation of developmentally appropriate curriculum are available with lengthy examples in the NAEYC position statement (Bredekamp, 1987). Those discussed here relate most closely to the integration of various developmental levels in one classroom. All of the points discussed by the NAEYC are valuable for persons involved with early childhood programs.

Early childhood classes have been found to be the most appropriate setting for integration to begin. As stated by Bagnato, Kontos, and Neisworth, (1988); Vincent, Brown, and Getz-Sheftel (1981) and Rogers (1989), there are five elements of this appropriateness:

1. Philosophical: This basis for mainstreaming/integration of young children is related to normalization. The "normal" or "typical" setting should be adapted to meet the needs of young children with disabilities. It is only when these adaptations still fail to meet the needs of children with disabilities that separate services should be provided. At this level it is the easiest to adapt curricula and individualize instruction.
2. Social-Ethical: This basis for mainstreaming/integration of young children is related to the escalation of society's acceptance of persons with disabilities, understanding of individual differences, and the knowledge of the capabilities of persons with disabilities. At the preschool level children are the most accepting of disabilities.
3. Educational: At the preschool level, children with disabilities are more like their nondisabled peers than different.
4. Legal: This basis for mainstreaming/integration of young children is related to the inception of PL 101-476 and PL 99-457 (Education of the Handicapped Act). These two pieces of legislation have been instrumental in making mainstreaming/integration possible. The latter more explicitly deals with children under the age of six. Literature does not support the idea that segregated settings are better for all or most children with disabilities.
5. Socioeconomic: This basis for mainstreaming/integration of young children is related to day care programs. Day care services are needed for single parent families and dual career families of children with disabilities as well as nondisabled children. There is no reason to believe that the needs of families with children with special needs are less than those with nondisabled children. It may be more reasonable to believe that families with children with special needs have more financial burdens because of increased medical costs and other services usually associated with disabilities.

Observations done for this project indicated that young children are accepting of differences and do not make overt judgements. There is a broad range of acceptable behavior in early childhood classes, as the range of development is broad.

This facilitates the inclusion of children with special learning or developmental needs. Since young children are primarily engaged in play and experiential activities, the differences between children with mild and moderate delays and those who are developing at a typical rate is not as large as it will be when they are all in their teens. The emphasis on process, rather than product, allows for individual performance and a range of skills that are exhibited. Developmentally appropriate classrooms are most appropriate for all young children, with the focus on meeting the needs of the individual in an experiential way. The high level of activity and changing activity patterns allow teachers to set up situations which encourage interaction and development. Acceptance at a young age is important for development of self-esteem for all children. Horne (1984) has pointed out that "acceptance by peers and adults during the early years is of critical importance in influencing the handicapped child's subsequent adjustment, social development and self-concept" (Safford, 1989).

CHAPTER 2

CURRICULAR CHOICES AND PHILOSOPHIES

GUIDELINES FOR EARLY CHILDHOOD PROGRAMS

MONTESSORI

INTERACTIONIST

BEHAVIORIST/ENVIRONMENTALIST

DEVELOPMENTAL/TRADITIONAL/MATURATIONIST

PREREQUISITES FOR SUCCESSFUL INTEGRATION

CURRICULAR MODELS

Within the framework of a developmentally appropriate curriculum, a teacher may follow one of several different curriculum models. Many schools and day care centers have developed their own curricular framework, based on the needs of their population and the beliefs of the teachers and administration. Even more programs use an eclectic approach, combining the best elements of different approaches. In the following section, four major curriculum models will be reviewed. These capture the elements of the programs observed during the writing of this guide, but could not possibly reflect all of the successful early childhood programs, either for children with special learning needs or those enrolled in early childhood classes for typically developing children. They do encompass major views of early childhood education.

GUIDELINES FOR EARLY CHILDHOOD PROGRAMS

The National Association for the Education of Young Children and the National Association of Early Childhood Specialists in State Departments of Education have produced a position statement listing guidelines for appropriate content for curriculum in place in programs for young children. These guidelines are helpful as teachers and administrators make decisions about what kind of curriculum to use or how to modify the curriculum that is in place. These guidelines are restated here, as a reference for the teacher who is considering curricular models. The curriculum:

1. Has an articulated description of its theoretical base that is consistent with prevailing professional opinion and research on how children learn.
2. Content is designed to achieve long-range goals for children in all domains-social, emotional, cognitive, and physical-and to prepare children to function as fully contributing members of a democratic society.

Curriculum emphasizes the development of children's thinking, reasoning, decision-making, and problem-solving

3. Addresses the development of knowledge and understanding, processes and skills, dispositions and attitudes.
4. Addresses a broad range of content that is relevant, engaging, and meaningful to children.
5. Goals are realistic and attainable for most children in the designated age range for which they were designed.
6. Content reflects and is generated by the needs and interests of individual children within the group. Curriculum incorporates a wide variety of learning experiences, materials, and equipment, and instructional strategies, to accommodate a broad range of children's experiences, maturation rates, styles of learning, needs, and interests.

7. Respects and supports individual, cultural, and linguistic diversity. Curriculum supports and encourages positive relationships with children's families.
8. Builds upon what children already know and are able to do (activating prior knowledge) to consolidate their learning and to foster their acquisition of new concepts and skills.
9. Provides conceptual frameworks for children so that their mental construction based on prior knowledge and experience becomes more complex over time.
10. Allows for focus on a particular topic of content, while allowing for integration across traditional subject-matter divisions by planning around themes and/or learning experiences that provide opportunities for rich conceptual development.
11. Content has intellectual integrity; content meets the recognized standards of the relevant subject-matter disciplines.
12. Content of the curriculum is worth knowing; curriculum respects children's intelligence and does not waste their time.
13. Engages children actively, not passively, in the learning process. Children have opportunities to make meaningful choices.
14. Values children's constructive errors and does not prematurely limit exploration and experimentation for the sake of ensuring the "right" answer.
15. Emphasizes the development of children's thinking, reasoning, decision-making, and problem-solving.
16. Emphasizes the value of social interaction to learning in all domains and provides opportunities to learn from peers.
17. Is supportive of children's physiological needs for activity, sensory stimulation, fresh air, rest, hygiene, and nourishment/elimination.
18. Protects children's psychological safety, that is, children feel happy, relaxed, and comfortable rather than disengaged, frightened, worried, or stressed.
19. Strengthens children's sense of competence and enjoyment of learning by providing experiences for children to succeed from their point of view.
20. Is flexible so teachers can adapt to individual children or groups.

These guidelines can be used by teachers, parents, and administrators as they consider curricula for young children (Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Young Children Ages 3 Through 8; Young Children, 46, 3, pp. 21-38).

MONTESSORI

Present day Montessori classrooms are based on the philosophy of education first developed by Maria Montessori in the early 1900's. She taught children labeled as "mentally deficient" and very poor children. As a physician Maria Montessori had worked with many needy children. She put her experience and observations to work as she developed an educational program based on real experiences that enhance self-development of the individual. The early years of a child's life, between three and six, were seen as critical by Montessori. It is during this time that children create their basic personality, through interactions with the world. At this age children have a natural desire to interact and learn. This spontaneous development is encouraged by participation in an environment that provides for independence and self-direction.

The goals of a Montessori program fall into four categories: cognitive; language; sensory-motor; and social-emotional. Language goals, even for the three to five year olds, include letter concepts, writing and reading. Many children in Montessori classrooms are competent readers by age five. Children practice with the letter sounds, rather than names. Sand paper letters give children tactile stimulation. Children are given the opportunity to write and make words with a movable alphabet. Sensory-motor goals include perception; concepts of volume, weight, and length; and movement control. Activities such as building a pink tower with graduated blocks and walking along a line on

MONTESSORI

- concrete materials
- self-directed, self-paced activities
- multi-age groupings
- cognitive
- language
- sensory-motor
- social-emotional

the floor encourage this development. Thinking skills are emphasized in the cognitive realm, as children work with beads, musical sounds, maps, and colors. The three social-emotional goals of concentration, cooperation, and pride in success come through in all of the other activities and in the general classroom atmosphere. There is an expectation of individual effort and task commitment. Montessori classrooms are set up for three, four, and five year olds. The children learn from each other and work effectively as individuals and in very small groups.

The Montessori curriculum is self-paced, with children selecting the areas of the room they chose to work in. Over time, the children work their way through all of the materials which are sequenced and self-correcting. Children are instructed in the use of a specific item before they are free to use that item. The planned environment is a key factor of any Montessori classroom. The materials have been designed to capture the child's interest at "sensitive periods" in the child's development, times when it is most appropriate to introduce certain concepts. Montessori teachers train beyond college to prepare themselves for this challenging role. Much of the training is focused on the materials, how they are to be presented and used, and on how to set up the environment. Thus, establishing the environment is one of the key roles of the Montessori teacher. The teacher also works to maintain order in the classroom. The materials are highly respected and cared for. Respect for both people and materials is modeled by the teacher. The teacher also diagnoses the child's readiness to move on to the next material in a sequence. While the parents have no formal role, they are encouraged to observe in the classroom so they will have an understanding of their child's day and the organization of the classroom. This facilitates reinforcement of the principles of school at home.

INTERACTIONIST

The interactionist classroom, based on Piaget's theories of how children learn, can be seen in High Scope programs. As the name indicates, one of the main points of this type of curriculum is the interaction between the child and his/her environment. "The child constructs knowledge by questioning, forming ideas, testing, and modifying on the basis of new information" (Adams,1988). Programs that follow this philosophy were observed for this Resource Guide, including those in Chapel Hill, North Carolina and Omaha, Nebraska. The Omaha program is clearly a High Scope program while the Chapel Hill program takes the elements of interaction and adapts them to a system of contracts and independent work (see discussion of integration models in Chapter 5 for principles of High Scope and an explanation of the Chapel Hill program). In this section you will read about the principles behind any program that focuses on direct experiences.

The major goals of an interactionist program are cognitive, language, and social-emotional. The cognitive goals center around concepts that are discovered as children interact with materials. These include: classification, spatial relations and properties of materials. Children play with sand and containers as they discover relationships between tall, short, slender and wide containers. They paint and observe what happens when the red and yellow paint mix. One of the language goals is the use of complete sentences. Children are asked to talk about what they see and experience in the classroom. Social-emotional goals involve: feelings of accomplishment, positive peer and adult interactions, sustained attention span and task persistence.

These goals are encouraged by the format of an interactionist classroom. As stated above, the materials are characterized by their hands-on nature. The children are actively involved and as many real objects as possible are used. The environment is designed to be inviting to young children, and allows for different ability levels to co-exist in the same classroom. "Children explore materials and engage in concrete activities that lead them to ask questions, form ideas and obtain feedback. The emphasis is on active doing by the child and the role of the teacher is to facilitate the interactive process by offering comments, questions and problem-solving situations during the child's play" (Adams, 1988). Large group, small group, and individual activities are planned by the teacher. Teachers are responsible for daily planning of activities and evaluation of both the effectiveness of the activities and children's progress toward the objectives of the activities. By asking open-ended questions and stimulating discussion, the teachers enhance both language and thinking skills. There is a basic understanding in an interactionist classroom that children follow a developmental sequence as they learn; we should not try to rush that sequence. Rather, teachers provide a stimulating environment and encourage children to actively involve their bodies and minds in all of the areas of the room. The teachers extend ideas and activities, as opposed to directing them. Given appropriate stimulation and adult interaction the children come to understand concepts of their world. Teachers believe that children need time to explore and interact with their environment through active manipulation of materials, in both play and activities.

By asking open-ended questions and stimulating discussion, the teachers enhance both language and thinking skills.

Frequently, written plans are sent home to give parents an opportunity to review what their children have done in school or day care. Parents are also encouraged to visit the classroom and participate in any way in which they feel comfortable. Home visits are ideal, as through this method teachers can reinforce the concepts of active involvement with the child's environment.

The High/Scope Cognitively Oriented Curriculum, based on these principles, began in 1962 with the Perry Preschool in Ypsilanti, Michigan. David Weikart, then director of special education for the Ypsilanti Public School system, was the impetus behind this program. Planning, work time, and recall are three components of this curriculum. Children plan their work in a variety of ways. They may draw a picture in a book, verbally tell the teacher or another child, raise their hand, dictate a sentence or phrase for the teacher to write in a plan book, or move a symbol, such as a name tag, to a specific area of the room. After choosing an area from those available the children begin work time. A longitudinal study which followed 123 children for 19 years has examined the impact of participation in the preschool program. The impact has been great, as outlined in the chart below.

INTERACTIONIST

- teachers ask open ended questions
- children make decisions
- cognitive
- language
- social-emotional

KEY FINDINGS OF THE PERRY PRESCHOOL STUDY THROUGH AGE 19

Outcome	Preschool Group %	No-Preschool Group %
Completed high school	67	49
Attended college or job-training programs	38	21
Ever classified as mentally retarded	15	35
Holding a job	50	32
Satisfied with work	42	26
Self-supporting (own and/or spouse's earnings)	45	25
Ever arrested	31	51
Receiving public assistance	18	32
Teenage pregnancy (rate per 100 women)	68	117

Note: All findings reported here are statistically significant with a probability of error of less than .05 (one-tailed). Adapted from J.R. Berrueta-Clement, L.J. Schweinhart, W.S. Barnett, A.S. Epstein, & D.P. Welkart, Changed lives: The effects of the Perry Preschool program on youths through age 19, Monographs of the High/Scope Educational Research Foundation, 8, (Ypsilanti, MI: High/Scope Press, 1984), p. 2.

Based on these findings, we can say that participation in this program was good for these individuals as well as for the communities in which they lived.

BEHAVIORIST/ ENVIRONMENTALIST

Traditionally, many exceptional education classes have used a behaviorist approach. The foundation of this approach can be found in behavior modification and reinforcement theories. The name of B.F. Skinner is associated with behaviorist programs. Elements of this approach are: use of direct instruction; sequenced behavior and academic objectives; small groups; and frequent practice.

This classroom is well organized, with objectives and tasks clearly spelled out. Adams discusses this approach which "emphasizes mastery of specific skills which are considered prerequisites for later learning. Children are directly instructed by the teacher in a carefully planned sequence. Instruction is often presented to small, homogeneous-ability groups. Qualities which support these instructional methods-quiet listening, paying attention, and following instruction-are emphasized" (Adams, 1988). The major goals of instruction following, vocabulary development, and task accomplishment are well suited to such an environment. The teacher is really the leader in a behaviorist classroom. He or she directs activities, provides practice and feedback, breaks tasks down into small steps, determines the schedule for both activities and reinforcement, and sets the pace of the day. This type of program has proved effective for children with severe learning or emotional difficulties because it is so structured and takes the child along a path of small, well defined steps with frequent reinforcement. Such adherence to detailed instruction is not as frequent in general or integrated classrooms because those classes tend to follow more of a discovery approach to learning. In a behaviorist classroom the steps are spelled out, with the child moving from A to D in a prescribed way. In a more developmental early childhood classroom children learn through exploration of the environment. There are elements of the behaviorist approach in many classrooms, as teachers set up class reinforcers or teach skills such a shoe tying. However, for the most part, this rigid application of behavior modification for young children is inconsistent with the developmentally appropriate practices advocated by the National Association for the Education of Young Children.

BEHAVIORIST ENVIRONMENTALIST

- sequential/structured learning environment
- mastery of specific skills
- specific learning objectives

DEVELOPMENTAL/TRADITIONAL/ MATURATIONIST

Traditional kindergartens follow a developmental approach, which includes elements of the interactionist beliefs, with some differences.

"Maturationists believe that the aim of schooling is to provide an optimum environment for the child's emerging knowledge when the child is ready to learn specific information. At the kindergarten level, this means knowledge and skills are expected to unfold naturally when individual expression and creativity are allowed to flourish within a context of play" (Adams, 1988).

The goals of the developmental program for young children fall into three areas: social-emotional, language and cognitive. Those goals related to social-emotional development include: autonomy, exploration of the environment; self-expression and a sense of competence. Children spend the majority of their time in these programs engaged in free play that has been independently chosen. Typical areas for play are dramatic play, books, art, music, blocks, and sand and water areas. Involvement in these areas encourages the cognitive goals of reasoning, predicting, and problem solving and the language

BENEFITS OF PLAY FOR YOUNG CHILDREN

	LARGE AND SMALL MUSCLE COORDINATION	QUANTITATIVE THINKING	CONCEPTUALIZING SYMBOLS	AESTHETIC APPRECIATION	LANGUAGE DEVELOPMENT
BLOCK BUILDING	pulling grasping climbing balancing carrying pushing	counting comparing size one-to-one correspondence	signs on structures use of blocks as symbols labels	form and balance architectural design	discussions conversation role playing
WOODWORK	fitting sawing drilling holding nails hammering	measuring counting comparing size and shape	printed signs labels use of ruler	design decoration	discussion conversation
PLAYHOUSE	walking to store dressing dolls dressing themselves pushing buggy carrying	counting measuring one-to-one correspondence grouping	labels play money writing notes numerals	decorations pictures music	questioning discussion dramatic play role play
PAINTING	manipulating brush and crayons	measuring	writing captions, numerals, and names sentence on picture create story	creative expression	story telling describing explaining
SANDBOX	molding sifting scooping pouring drawing	measuring one-to-one correspondence	letters and numerals in sand	sculpture design	dialogue conversation discussions
TABLE GAMES (PUZZLES)	picking up shaking positioning parts holding fitting	grouping counting matching	classification discrimination recognizing of numerals, letters and geometric forms	form design	conversation naming
WATERPLAY	washing manipulating toys pouring	measuring counting	objects as symbols	movement	dialogue conversation
PUPPETS	manipulating finger and hand	counting one-to-one	names	expression role playing empathy interpretation	dialogue dramatic play role play

goals of vocabulary and spontaneous speech. The developmental curriculum is designed around the interests of the children, with possible themes of dinosaurs, holidays, or farm animals. The activities are self-paced, with long blocks of time allowing children to become deeply involved in whatever interests them. Another characteristic of the materials is their open-ended nature, which allows for free exploration and concept development. Dramatic play is seen as a way to promote cognitive growth and development. The value of play is very apparent in these classrooms. The chart on page 27 illustrates some of the benefits of play for young children.

Developmental teachers serve as role models for thinking, learning, communicating and relating. They prepare the environment and plan and initiate activities. Social/emotional support is emphasized, as the teachers nurture the child with minimal direct involvement in actual activities. Through careful observation they determine the future needs and interests of the children, information that is used in planning for future weeks. Parents are often found in these classrooms working as volunteers with small groups or individuals.

DEVELOPMENTAL

- open exploration of environment
- open ended, self-paced materials
- cognitive
- language
- social-emotional

ECLECTIC

As teachers gain more experience, whether it be through years of teaching, workshops, in-services, reading, observation, or contact with other teachers, they develop a style of their own. This style blends the needs of the students with the strengths and interests of the teacher. Most early childhood classrooms either fall into one of these categories or have adopted elements from more than one.

Teachers who know the needs of their students are able to adapt a stated curriculum to make it more effective. This is also true regarding mainstreaming or integration. Just as these curriculum models may be found in a range of general education classrooms, they can be effective for children with special needs. Much depends on the specific needs of the child. A child with a severe emotional disturbance may blossom in a structured behaviorist class while a child who has mild retardation may learn the most in an interactionist setting.

Most early childhood educators borrow from each of these models as they determine what will be most effective for the children in their class. Depending on the make-up of the class teachers may be more structured one year than another. The model selected is closely related to the goals set for the children. Teachers look at the needs of the children, the strengths and areas for future development, and their own beliefs and prepare a curriculum that meets the needs of all of the children in the class.

PREREQUISITES FOR SUCCESSFUL INTEGRATION

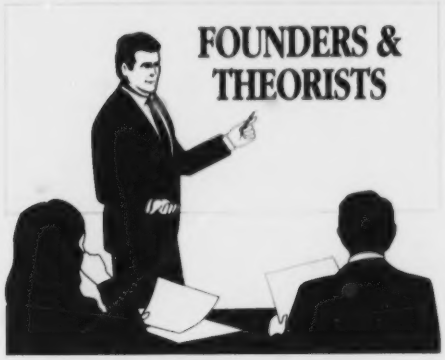
According to Katherine S. Kenny, there are six prerequisite factors for successful integration.

1. Dispersal throughout the community.
2. Accessibility and availability.
3. A developmental attitude and approach to programs for children.
4. A flexible format which responds to the needs of individual children.
5. Opportunity for continuity.
6. The framework for the integration of the necessary extraordinary services required by the disabled child.

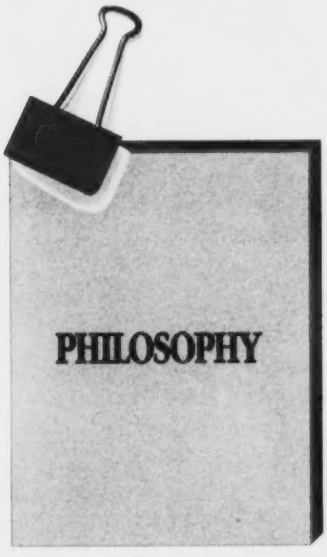
(Kenny, K., 1987)

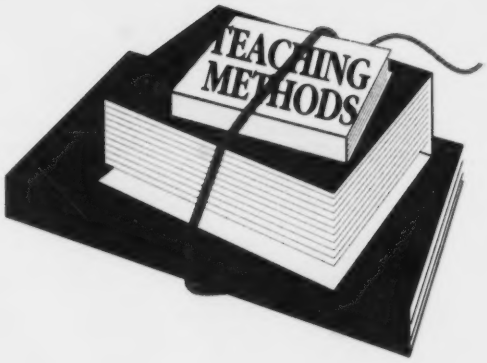
CURRICULAR MODELS*

FRAMEWORK FOR ANALYSIS



LEARNER'S ROLE





* Adapted and reprinted with permission from Mary Paul

MONTESSORI

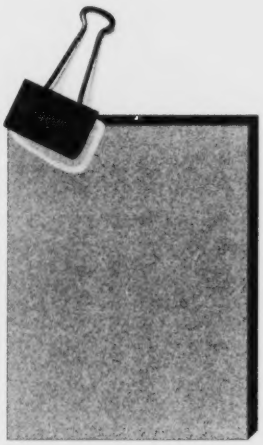
Maria Montessori

Directs Creative Activities

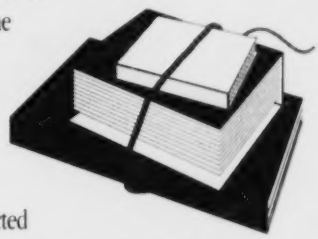
Self-Directed Explorer

Open Time Scheduling

The child's development consists of an unfolding of inborn characteristics..., and..., certain environmental conditions must exist if these inborn traits and abilities are to develop normally.



Montessori schools emphasize the use of special self-correcting materials. Once children are instructed in the proper use of the materials, they are free to select an area of study that interests them. Through individual, self-directed exploration and experimentation, the child achieves specific learning objectives. Montessori schools teach practical life skills as well as traditional language, reading, writing and creative skills. Concepts are presented in relation to the learner's "sensitive periods." Learning is therefore tuned to the individual's overall development.



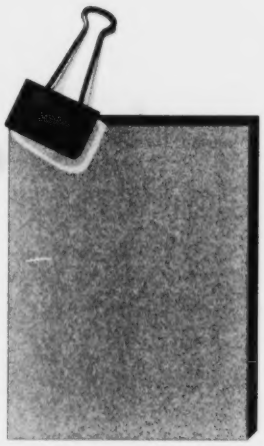
INTERACTIONIST

Jean Piaget

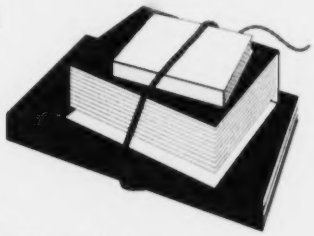
Facilitates Development of Cognitive Skills

Actively Directs Learning Experience

Open Time Scheduling



The interactionist orientation is most closely aligned to Piagetian theories which state that cognitive development depends upon a child's organization and interpretation of relationships between objects and events in the environment. Each child develops through a series of stages accumulating knowledge by accommodation of new information.



Cognitive skills, levels of representation and levels of operation, particularly verbal and motor development are emphasized. Special materials and experiences are provided thereby maximizing the opportunity to develop these skills. Programs favor maximizing the child's experiences by providing unstructured activity periods of free exploration. Peer groups are diverse and adult direction is minimal. Teachers generally work with small groups for short periods of time only, requesting learner input at all times.

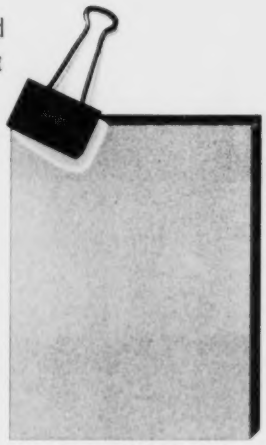
BEHAVIORIST/ENVIRONMENTALIST

B.F. Skinner, E. Thorndike
John Locke & Englemann

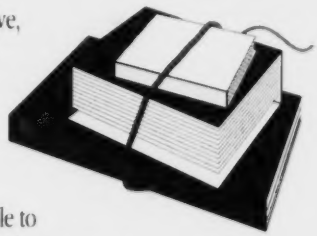
Directs and Controls Learning

Passive Agent

Instruction Focused Time Periods



Environmentalists and behaviorists represent the traditional orientation to education believing that individuals are products of their environment and that shaping of the child through the use of reinforcers can maximize desired behavior and result in desired educational objectives. Behaviorists believe that knowledge and skills are acquired piece by piece in cumulative fashion.



Behaviorist programs feature sequential and highly structured learning environments. Behavior is carefully regulated, discipline is restrictive, a work schedule is adhered to and learners are expected to be on task. Learning proceeds from simple to complex and the child's progress is assessed according to specific learning objectives. Learning/teaching is very subject oriented with an emphasis on language and abstract processes. Developmental areas, cognitive, social, emotional and physical are considered separately and all learning is teacher directed.

35

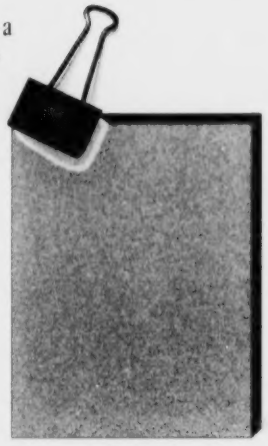
DEVELOPMENTAL/TRADITIONAL/ MATURATIONIST

Rousseau, Freud Erikson & Gesell

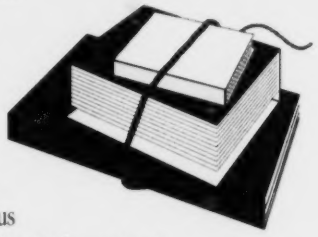
Little Teacher Intervention

A Naturally Developing Being

Broad and Balanced Time Periods



The maturationist sees a child's behavior at any particular time as primarily reflecting one stage in a continuing and largely unalterable unfolding process that is universally experienced. Developmental norms and maturation are not dependent upon the environment, rather the limits of one's capacity are genetically determined.



Maturationist programs provide a supportive, comfortable environment that facilitates development according to individual readiness. A wide range of materials and a variety of specific activities offered at regular time periods allow for learning at various levels according to the child's need and level of interest. Maturationists believe that the child will choose involvement in activities designed for the developmental level for which he or she is ready. Play and pretend experiences are very much a part of these activities in which the teacher serves as a guide to the child's own special journey.

CHAPTER 3

DEVELOPMENTALLY APPROPRIATE PRACTICE IN EARLY CHILDHOOD PROGRAMS

CURRICULUM

DEVELOPMENTALLY APPROPRIATE PRACTICE IN PROGRAMS FOR 3-YEAR-OLDS

INTEGRATED COMPONENTS OF APPROPRIATE AND INAPPROPRIATE PRACTICE FOR 4- AND 5-YEAR-OLD CHILDREN

Developmentally appropriate practices are based on what we as educators know about child development and how children best learn about the world around them. These practices relate to what children do in the classroom, how the classroom looks, teaching strategies, and parent/teacher interactions. While these practices were originally written with typically developing children in mind, they speak to those adults working with children with special needs as well. Excerpts from the text of the document, Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8, make up this chapter. This document was prepared by the National Association for the Education for Young Children (NAEYC), and we gratefully acknowledge their contribution to this guide.

The National Association for the Education of Young Children has been a strong force in the implementation of developmentally appropriate programming for young children. In this section the elements of that type of curriculum are discussed and the actual guidelines for three, four, and five year olds are reprinted from the NAEYC document. Teachers who are familiar with these guidelines can use them to make decisions about the curriculum they will use, to evaluate current practices, and to advocate for developmentally appropriate programming when they work with parents and administrators. The guidelines relate to how children learn, what they should learn, and when they should learn. These guidelines provide a framework around which a teacher can build a curriculum that meets the specific needs and interests of the class. The NAEYC guidelines are based on several principles of child development, as listed here.

- Children learn through social interaction with adults and other children.
- Children learn through play.
- Children's learning reflects a recurring cycle that begins in awareness, and moves to exploration, to inquiry, and finally, to utilization.
- Children's interests and "need to know" motivate learning.
- Human development and learning are characterized by individual variation. (From Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Children Ages 3 Through 8-A Position Statement of the National Association for the Education of Young Children and the National Association of Early Childhood Specialists in State Department of Education, published in Young Children, March 1991).

The main points of the guidelines for developmentally appropriate practice are described below.

CURRICULUM

PROVIDES FOR ALL AREAS OF A CHILD'S DEVELOPMENT: PHYSICAL, EMOTIONAL, SOCIAL, AND COGNITIVE THROUGH AN INTEGRATED APPROACH.

This is important for the child with special learning needs because these children may have more abilities in one area than another. Allowing children to shine in the areas in which they feel most comfortable helps them develop their self-esteem, as well as their abilities. Teachers can guide children through choices that enhance development in less competent areas while continuing to develop areas of strength. By walking and talking the child through the daily routine the teacher is able to highlight those areas that will be the most beneficial to the child. Appropriate learning strategies can be modeled.

BASED ON OBSERVATIONS AND RECORDINGS OF EACH CHILD'S SPECIAL INTERESTS AND DEVELOPMENTAL PROGRESS.

Through careful observation the teacher is able to set realistic goals for each child in

the class. These observations need not be lengthy. Some teachers set aside ten minutes of each morning and afternoon to observe a specific child. Tallies of behaviors can be kept on three by five cards, a small note pad, a piece of masking tape wrapped around the teacher's wrist, a card with a hole punched each time the behavior is observed, or moving a small item from one pocket to another.

Other behaviors can be recorded on a checklist. Several identical checklists may be placed around the room so the teacher will never have to travel far to record the behavior.

EMPHASIZES LEARNING AS AN INTERACTIVE PROCESS, WITH ACTIVE EXPLORATION AND INTERACTION WITH ADULTS, MATERIAL, AND OTHER CHILDREN.

Children with special learning needs may need more structure and support to fully benefit from the classroom experiences. These children, like all children, will learn from observing and interacting with peers. The value of activities is enhanced when a child sees a peer do it. Teachers encourage all children to be involved in the activities in the classroom.

LEARNING ACTIVITIES AND MATERIALS SHOULD BE REAL AND CONCRETE.

Children with special learning needs rely on symbolic materials which are closely linked to concrete experiences. This guideline is particularly important for young children with learning difficulties or sensory disabilities. These children may not make associations mentally and will need concrete, real, and relevant materials and experiences.

PROVIDE FOR A WIDE RANGE OF ABILITIES AND INTERESTS.

An integrated classroom may have an even wider range of interests and abilities than a regular education class. Thus, this guideline is very important in the integrated setting. Each individual child may have a range of abilities. A curriculum that provides many choices for children, at a range of levels will be the most developmentally appropriate. As children develop and gain more experience activities can be made more complex and involved.

OPPORTUNITIES FOR CHILDREN TO CHOOSE FROM A VARIETY OF ACTIVITIES, MATERIALS, AND EQUIPMENT; WITH ENOUGH TIME TO EXPLORE THROUGH ACTIVE INVOLVEMENT.

Children with special learning needs may need more time to explore and get involved in activities before they feel a sense of completion. It is accomplishment and satisfaction that guide involvement in activities, not time. Arbitrary time limits do not enhance development for any child.

MULTICULTURAL AND NONSEXIST EXPERIENCE, MATERIALS, AND EQUIPMENT SHOULD BE AVAILABLE FOR ALL CHILDREN. THIS ENSURES THE INDIVIDUAL APPROPRIATENESS OF THE CURRICULUM AND ALSO:

1. enhances each child's self-concept and esteem,
2. supports the integrity of the child's family,

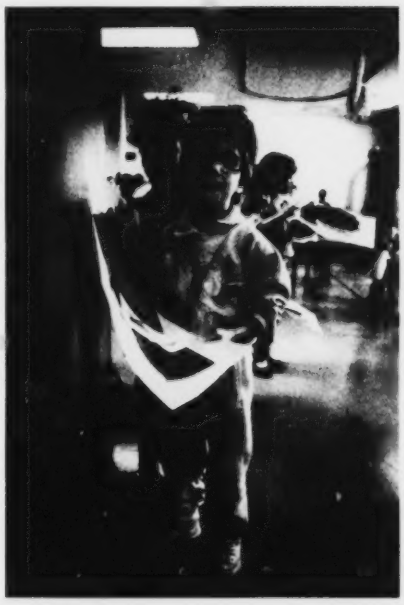
3. enhances the child's learning processes in both the home and the early childhood program by strengthening ties,
4. extends experiences of children and their families to include knowledge of the ways of others, especially those who share the community, and
5. enriches the lives of all participants with respectful acceptance and appreciation of differences and similarities among them.

Included in this chapter are the developmentally appropriate practices for three, four, and five-year-olds. These practices emphasize play and exploration as the major modes for learning. They focus on the child as a whole, rather than following a model of deficits or a focus on the disabilities of children. All children are seen as capable of learning in the appropriate environment. Teachers take advantage of the natural motivation of children and teachable moments throughout the teaching day to teach skills, concepts, and dispositions. They promote full development in all areas.

DEVELOPMENTALLY APPROPRIATE PRACTICE IN PROGRAMS FOR 3-YEAR-OLDS

The 3-year-old is sometimes overlooked when periods of development are described in broad categories like "toddlers" or "preschoolers." But the fourth year of life is a distinct period of development with its own unique challenges and accomplishments. Teachers in programs serving 3-year-olds, as in all early childhood programs, must consider what is appropriate for this age group in general as well as what is specifically appropriate for the individual children in their care.

Three-year-olds are no longer toddlers but they will behave like toddlers at times; at other times their language ability and motor skills will deceptively mimic the 4-year-old. The key for the teacher of 3s is to maintain appropriate expectations; teachers should not expect too little of 3-year-olds, nor should they expect too much. To care for and educate a group of 3s, teachers need to fully understand the developmental continuum from toddlerhood through the preschool years. At 2 1/2, many children begin to display skills and behaviors most typical of 3-year-olds. Thus, children between 2 1/2 and 3 1/2 years of age are often similar developmentally; and some 3 1/2-year-olds share traits of 4s. The common practice of multi-age grouping, putting children of a wide age span together, further necessitates that teachers fully understand the continuum of development during the early years.



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LIVING AND LEARNING WITH 3-YEAR-OLDS: INTERACTIONS AMONG ADULTS AND CHILDREN AND APPROPRIATE CURRICULUM.

APPROPRIATE PRACTICE	INAPPROPRIATE PRACTICE
• Adults provide affection and support, comforting children when they cry and reassuring them when fearful. Adults plan experiences to alleviate children's fears.	• Adults are cold or distant and do not express physical affection, comfort, or emotional bolstering. Adults assume children will get over fears.
• Adults support 3-year-olds' play and developing independence, helping when needed, but allowing them to do what they are capable of doing and what they want to do for themselves ("I can do it myself!").	• Adults expect 3-year-olds to be independent and to entertain themselves for long periods of time; they are impatient, hurry children, and do tasks for children that they could do themselves.
• Adults recognize that, although 3-year-olds are usually more cooperative than toddlers and want to please adults, they may revert to toddler behavior (thumb-sucking, crying, hitting, baby talk) when they are feeling shy or upset, especially in a new situation. Adults know that 3-year-olds' interest in babies, and especially their own recent infancy, is an opportunity for children to learn about themselves and human development.	• Adults expect too much of 3-year-olds and ridicule them when they behave immaturely or play baby ("You're acting like a baby!").
• Adults provide opportunities for 3-year-olds to demonstrate and practice their newly developed self-help skills and their desire to help adults with dressing and undressing, toileting, feeding themselves (including helping with pouring milk or setting the table), brushing teeth, washing hands, and helping pick up toys. Adults are patient with occasional toileting accidents, spilled food, and unfinished jobs.	• Adults perform routine tasks (like dressing and clean up) for children because it is faster and less messy. Adults punish or shame children for toileting accidents and do not allow children to play with their food. Adults insist that children pick up all the toys every time.
• Adults know that growth rates may slow down and appetites decrease at this age. Children are encouraged to eat "tastes" in small portions with the possibility of more servings if desired.	• Adults serve children a large meal which they are expected to eat. Disciplinary pressures accompany demands for food consumption.
• Adults guide 3-year-olds to take naps or do restful activities periodically throughout the day, recognizing that these younger children may exhaust themselves—especially when trying to keep up with older children in the group.	• Naptime is either forced or not provided. Children are scolded for being cranky or tired as the day progresses.
• Adults provide many opportunities for 3s to play by themselves, next to another child (parallel play), or with one or two other children. Adults recognize that 3-year-olds are not comfortable with much group participation. Adults read a story or play music with small groups and allow children to enter and leave the group at will.	• Adults expect children to participate in whole group activities. They read a story to all the children at once, expecting them all to sit and listen quietly. They do not allow children to leave the large group activity.

APPROPRIATE PRACTICE	INAPPROPRIATE PRACTICE
• Adults support children's beginning friendships, recognizing that such relationships ("my best friend") are short lived and may consist of acting silly together or chasing for a few minutes. When conflicts arise, the 3-year-old will often return to playing alone. Adults encourage children to take turns and share but do not always expect children to give up favored items.	• Adults expect that children will always want to play with their "friends" and require that they do activities together or share toys. Adults pick out friends for children and keep pairs together over time.
• Adults provide plenty of space and time indoors and outdoors for children to explore and exercise their large muscle skills like running, jumping, galloping, riding a tricycle, or catching a ball, with adults close by to offer assistance as needed.	• Adults restrict children's physical activity ("No running!") or provide limited space and little equipment for large muscle outdoor activity. Adults limit large muscle activity to a short outdoor recess time.
• Adults provide large amounts of uninterrupted time for children to persist at self-chosen tasks and activities and to practice and perfect their newly developed physical skills if they choose.	• Adults become impatient with children who want to repeat a task or activity again and again, OR they force children to repeat tasks that adults have selected as learning activities whether the child is interested or not.
• Adults provide many materials and opportunities for children to develop find motor skills such as puzzles, pegboards, beads to string, construction sets, and art materials (crayons, brushes, paints, markers, play dough, blunt scissors). Although children's scribbles are more controlled than those of toddlers, and 3-year-olds will create designs with horizontal and vertical strokes, and will sometimes name their drawings and paintings, adults do not expect a representational product. Art is viewed as creative expression and exploration of materials.	• Adults expect children to demonstrate fine motor skills by cutting out figures or shapes, by coloring within the lines in coloring books or on ditto sheets, or following the teacher's directions and model to create identical art products. When children draw or paint pictures, teachers ask "What is it?" and lead children to believe that only a representation picture is valued.
• Adults provide plenty of materials and time for children to explore and learn about the environment, to exercise their natural curiosity, and to experiment with cause and effect relationships. For example, they provide blocks (that children line up first and later may build into towers); more complex dramatic play props (for playing work and family roles and animals); sand and water with tools for pouring, measuring, and scooping; many toys and tools to experiment with like knobs, latches, and any toy that opens, closes, and can be taken apart; and simple science activities like blowing bubbles, flying kites, or planting seeds.	• Adults may provide blocks and dramatic play areas but have definite ideas about how these areas should be used and restrict materials to the designated area of the room. Water play and sand play are not provided because they are too messy and difficult to supervise. Adults do not provide toys and tools to use in take-apart activities because they require too much time to clean up.

APPROPRIATE PRACTICE	INAPPROPRIATE PRACTICE
• Adults encourage children's developing language by speaking clearly and frequently to individual children and listening to their response. Adults respond quickly and appropriately to children's verbal initiatives. They recognize that talking may be more important than listening for 3-year-olds. Adults patiently answer children's questions ("Why?" "How come?") and recognize that 3-year-olds often ask questions they know the answers to in order to open a discussion or practice giving answers themselves. Adults know that children are rapidly acquiring language, experimenting with verbal sounds, and beginning to use language to solve problems and learn concepts.	• Adults attempt to maintain quiet in the classroom and punish children who talk too much. Adults speak to the whole group most of the time and only speak to individual children to admonish or discipline them. Adults ridicule children's asking of rhetorical questions by saying, "Oh, you know that."
• Adults provide many experiences and opportunities to extend children's language and musical abilities. Adults read books to one child or a small group; recite simple poems, nursery rhymes and finger plays; encourage children to sing songs and listen to recordings; facilitate children's play of circle and movement games like London Bridge, Farmer in the Dell, and Ring Around the Rosie; provide simple rhythm instruments; listen to stories that children tell or write down stories they dictate; and enjoy 3-year-olds' sense of humor.	• Adults limit language and music activities because children sometimes become too silly or loud, OR they include story time and music times only as a whole group activity and require children to participate. Adults discipline children for using silly or nonsense language.
• Adults know that 3-year-olds do not usually understand or remember the rules. Guidance reasons that are specific to a real situation and that are demonstrated repeatedly are more likely to impress young children.	• Adults expect children to remember and abide by a list of classroom rules. Children are scolded and belittled for not remembering and applying a rule.
• Adults provide a safe, hazard-free environment and careful supervision. Adults recognize that 3-year-olds often overestimate their newly developed physical powers and will try activities that are unsafe or beyond their ability (especially in multi-age groups where they may model 4 and 5-year-olds). Adults protect children's safety in these situations while also helping them deal with their frustration and maintain their self-confidence ("Joel can tie his shoe because he's 5; when you're 5, you'll probably know how to tie, too.").	

INTEGRATED COMPONENTS OF APPROPRIATE AND INAPPROPRIATE PRACTICE FOR 4 AND 5-YEAR-OLD CHILDREN

APPROPRIATE PRACTICE	INAPPROPRIATE PRACTICE
CURRICULUM GOALS	
• Experiences are provided that meet children's needs and stimulate learning in all developmental areas—physical, social, emotional, and intellectual.	• Experiences are narrowly focused on the child's intellectual development without recognition that all areas of a child's development are interrelated.
• Each child is viewed as a unique person with an individual pattern and timing of growth and development. The curriculum and adults' interaction are responsive to individual differences in ability and interests. Different levels of ability, development, and learning styles are expected, accepted, and used to design appropriate activities.	• Children are evaluated only against a predetermined measure, such as a standardized group norm or adult standard of behavior. All are expected to perform the same tasks and achieve the same narrowly defined, easily measured skills.
• Interactions and activities are designed to develop children's self-esteem and positive feelings toward learning.	• Children's worth is measured by how well they conform to rigid expectations and perform on standardized tests.
TEACHING STRATEGIES	
• Teachers prepare the environment for children to learn through active exploration and interaction with adults, other children, and materials.	• Teachers use highly structured, teacher-directed lessons almost exclusively.
• Children select many of their own activities from among a variety of learning areas the teacher prepares, including dramatic play, blocks, science, math, games and puzzles, books, recordings, art, and music.	• The teacher directs all the activity, deciding what children will do and when. The teacher does most of the activity for the children, such as cutting shapes, performing steps in an experiment.
• Children are expected to be physically and mentally active. Children choose from among activities the teacher has set up or the children spontaneously initiate.	• Children are expected to sit down, watch, be quiet, and listen, or do paper-and-pencil tasks for inappropriately long periods of time. A major portion of time is spent passively sitting, listening, and waiting.

APPROPRIATE PRACTICE	INAPPROPRIATE PRACTICE
TEACHING STRATEGIES	
• Children work individually or in small, informal groups most of the time.	• Large group, teacher-directed instruction is used most of the time.
• Children are provided concrete learning activities with materials and people relevant to their own life experiences.	• Workbooks, ditto sheets, flash cards, and other similarly structured abstract materials dominate the curriculum.
• Teachers move among groups and individuals to facilitate children's involvement with materials and activities by asking questions, offering suggestions, or adding more complex materials or ideas to a situation.	• Teachers dominate the environment by talking to the whole group most of the time and telling children what to do.
• Teachers accept that there is often more than one right answer. Teachers recognize that children learn from self-directed problem solving and experimentation.	• Children are expected to respond correctly with one right answer. Rote memorization and drill are emphasized.
GUIDANCE OF SOCIAL-EMOTIONAL DEVELOPMENT	
• Teachers facilitate the development of self-control in children by using positive guidance techniques such as modeling and encouraging expected behavior, redirecting children to a more acceptable activity, and setting clear limits. Teachers' expectations match and respect children's developing capabilities.	• Teachers spend a great deal of time enforcing rules, punishing unacceptable behavior, demeaning children who misbehave, making children sit and be quiet, or refereeing disagreements.
• Children are provided many opportunities to develop social skills such as cooperating, helping, negotiating, and talking with the person involved to solve interpersonal problems. Teachers facilitate the development of these positive social skills at all times.	• Children work individually at desks or tables most of the time or listen to teacher directions in the total group. Teachers intervene to resolve disputes or enforce classroom rules and schedules.
LANGUAGE DEVELOPMENT AND LITERACY	
• Children are provided many opportunities to see how reading and writing are useful before they are instructed in letter names, sounds, and word identification. Basic skills develop when they are meaningful to children. An abundance of these types of activities is provided to develop language and literacy through meaningful experience: listening to and reading stories and poems; taking field trips; dictating stories; seeing classroom charts and other print in use; participating in dramatic play and other experiences requiring communication; talking informally with other children and adults; and experimenting with writing by drawing, copying, and inventing their own spelling.	• Reading and writing instruction stresses isolated skills development such as recognizing single letters, reciting the alphabet, singing the alphabet song, coloring within predefined lines, or being instructed in correct formation of letters on a printed line.

APPROPRIATE PRACTICE	INAPPROPRIATE PRACTICE
COGNITIVE DEVELOPMENT	
• Children develop understanding of concepts about themselves, others, and the world around them through observation, interacting with people and real objects, and seeking solutions to concrete problems. Learnings about math, science, social studies, health, and other content areas are all integrated through meaningful activities such as those when children build with blocks; measure sand, water, or ingredients for cooking; observe changes in the environment; work with wood and tools; sort objects for a purpose; explore animals, plants, water, wheels and gears; sing and listen to music from various cultures; and draw, paint, and work with clay. Routines are followed that help children keep themselves healthy and safe.	• Instruction stresses isolated skill development through memorization and rote, such as counting, circling an item on a worksheet, memorizing facts, watching demonstrations, drilling with flash cards, or looking at maps. Children's cognitive development is seen as fragmented in content areas such as math, science, or social studies, and times are set aside to concentrate on each area.
PHYSICAL DEVELOPMENT	
• Children have daily opportunities to use large muscles, including running, jumping, and balancing. Outdoor activity is planned daily so children can develop large muscle skills, learn about outdoor environments, and express themselves freely and loudly.	• Opportunity for large muscle activity is limited. Outdoor time is limited because it is viewed as interfering with instructional time or, if provided, is viewed as recess (a way to get children to use up excess energy), rather than an integral part of children's learning environment. • Small motor activity is limited to writing with pencils, or coloring predrawn forms, or similar structured lessons.
AESTHETIC DEVELOPMENT	
• Children have daily opportunities for aesthetic expression and appreciation through art and music. Children experiment and enjoy various forms of music. A variety of art media are available for creative expression, such as easel and finger painting and clay.	• Art and music are provided only when time permits. Art consists of coloring predrawn forms, copying an adult-made model of a product, or following other adult-prescribed directions.
MOTIVATION	
• Children's natural curiosity and desire to make sense of their world are used to motivate them to become involved in learning activities.	• Children are required to participate in all activities to obtain the teacher's approval, to obtain extrinsic rewards like stickers or privileges, or to avoid punishment.

APPROPRIATE PRACTICE	INAPPROPRIATE PRACTICE
PARENT-TEACHER RELATIONS	
• Teachers work in partnership with parents, communicating regularly to build mutual understanding and greater consistency for children.	• Teachers communicate with parents only about problems or conflicts. Parents view teachers as experts and feel isolated from their child's experiences.
ASSESSMENT OF CHILDREN	
• Decisions that have a major impact on children (such as enrollment, retention, assignment to remedial classes) are based primarily on information obtained from observations by teachers and parents, not on the basis of a single test score. Developmental assessment of children's progress and achievement is used to plan curriculum, identify children with special needs, communicate with parents, and evaluate the program's effectiveness.	• Psychometric tests are used as the sole criterion to prohibit entrance to the program or to recommend that children be retained or placed in remedial classrooms.
PROGRAM ENTRY	
• In public schools, there is a place for every child of legal entry age, regardless of the developmental level of the child. No public school program should deny access to children on the basis of results of screening or other arbitrary determinations of the child's lack of readiness. The educational system adjusts to the developmental needs and levels of the children it serves; children are not expected to adapt to an inappropriate system.	• Eligible-age children are denied entry to kindergarten or retained in kindergarten because they are judged not ready on the basis of inappropriate and inflexible expectations.
TEACHER QUALIFICATIONS	
• Teachers are qualified to work with 4 and 5-year-olds through college-level preparation in Early Childhood Education or Child Development and supervised experience with this age group.	• Teachers with no specialized training or supervised experience working with 4 and 5-year-olds are viewed as qualified because they are state certified, regardless of the level of certification.
STAFFING	
• The group size and ratio of teachers to children is limited to enable individualized and age-appropriate programming. Four and 5-year-olds are in groups of no more than 20 children with 2 adults	• Because older children can function reasonably well in large groups, it is assumed that group size and number of adults can be the same for 4 and 5-year-olds as for elementary grades

CHAPTER 4

MODELS OF MAINSTREAMING AND INTEGRATION: STAFFING AND ADMINISTRATIVE ARRANGEMENTS

FACTORS THAT PLAY A ROLE IN INTEGRATION DECISIONS

MODELS OF INTEGRATION
- INTEGRATION IN DAY CARE CENTERS
- INTEGRATION IN SCHOOLS
- INTEGRATION IN PRESCHOOLS

There are as many models of mainstreaming and integration as there are creative teachers and children with varied ability levels. The models discussed here represent those researched for this project. These models are currently practiced across the country with children between the ages of three and five. Often the mainstreaming or integration has begun but the final arrangements have yet to be determined. In fact, teachers are aware of the fact that integration models must change from year to year, as do the needs and characteristics of the children served. Several factors are considered as one determines the appropriate level of integration. These factors will be briefly discussed before we look at different models of integration and mainstreaming.

GETTING READY TO MAINSTREAM OR INTEGRATE? WHAT TO CONSIDER:

- ages of children
- curriculum in place
- program type
- daily schedule
- number of staff
- physical environment
- administrative support level
- other models of mainstreaming and integration

FACTORS THAT PLAY A ROLE IN INTEGRATION DECISIONS

AGE OF CHILDREN

It is desirable to integrate children of similar chronological age. If a school has an early childhood exceptional education class of three, four, and five year olds, but only has five year olds in the kindergarten, it may be more difficult to integrate the three and four year olds. Although difficult, it is not impossible. There are many models for integration and mainstreaming beyond the total integration of two classes.

CURRICULUM

Mainstreaming and integration are frequently most effective in a developmentally appropriate setting. That is, one that draws on knowledge of developmental characteristics of young children and demonstrates an awareness of the individual characteristics of each child. This curriculum includes activities that enhance physical, emotional, social, and cognitive development by challenging children's interests, abilities, and understandings. Curriculum is integrated and emphasizes interaction between children, adults and children, and children and their environment. In this setting there is room for a wide range of ability levels and interests. Children with exceptional education needs are not the only ones who benefit from experiences in this type of classroom. There is a wide range of ability levels among general education students, as well. The developmentally appropriate curriculum meets the needs of these children also.

INDIVIDUAL LEVEL

While there are no set criteria for successful mainstreaming or integration, the teacher does need to consider the individual child in determining the most appropriate placement. Placement determinations can not be based purely on a label, such as hearing impaired, due to the wide variation of children thus labeled.

"Many educators assume that the more severe a child's impairment is, the less he or she might be expected to participate in general education. Mildly handicapped children, on the other hand, are often expected to participate in more, and many times in all, aspects of general education. Assumptions about mainstream participation for the mildly handicapped are generally warranted. However, the converse assumption is frequently not justified. Like many attempts to simplify complex issues by making broad, general distinctions—in this case between

OPTIONS FOR INTEGRATION

- Fully integrated class in public school—one teacher with dual certification
- Fully integrated class in public school—two teachers, one with general and one with special education certification
- Early childhood class for children with special needs housed in day care center
- Children with special needs attend pre-school or day care center full or part time
- Specific number of children with special needs in Kindergarten
- Exchange of children between early childhood exceptional education and general education class for part of day
- Children without special needs in early childhood exceptional education class for full or partial day (reverse mainstreaming)
- Head Start
- Itinerant and consulting services in day care centers

mildly and severely handicapped students—the assumption is flawed, misleading, and potentially harmful. Many severely disabled children—particularly those with disabilities affecting movement, communication, vision, or hearing—can indeed be very good candidates for full participation in the educational mainstream" (Safford, 1989).

In a study of prosocial actions in an integrated setting, Honig and McCarron (1988) found that, "The child rated as the most severely handicapped was the child who received the most prosocial interactions from the other children in the class."

TYPE OF PROGRAM

Early childhood programs tend to fall into several categories: Half-day programs; full-school day programs; extended day programs in schools; public school classrooms housed in day care centers; preschools; and full day programs (such as day care centers). These programs also vary in their goals. Some are more socially oriented, while others focus on specific skill development. This is a determination made by those involved with the program. All of these programs are appropriate for integration, and will be mentioned in the discussion of models of integration.

MODELS OF INTEGRATION

INTEGRATION IN DAY CARE CENTERS

More than one alternative exists when considering the integration of children with exceptional education needs in day care centers. That there is a need for such services is clear. It is estimated that by 1995 80% of mothers with children under the age of five will be working outside of the home for at least part of the day.

The birth of a child who will have exceptional education needs does not necessarily alter the economic and personal reasons for both parents to be employed outside of the home and need full day child care. Thus, integration into day care centers becomes a real necessity for these parents. Other parents feel that their children need and will benefit from participation in day care, both for socialization and communication skills. Participation in a day care center involves group interaction and learning to relate to a variety of adults in multiple settings. These skills will be very important as the child progresses through school.

Under the law, day care programs cannot discriminate and deny placement to children solely because of their disability. Sarah's story demonstrates the commitment of day care staff to meet the needs of all the young children placed in their care.

WHY INTEGRATION IN DAY CARE CENTERS?

- a service for working parents
- availability of age appropriate role models
- developmentally appropriate curriculum

"SARAH"

Sarah's mother called the director of the day care center with a fairly straight forward question, "Is there any space in the center for a two and a half year old? I need care every day from 8:00 in the morning until about 3:30." The director indicated that space was available and asked when the parents and child would like to come and look at the center. "There is one other thing I'd like to talk with you about," the mother went on to say. "My daughter has cerebral palsy. She generally uses a wheel chair, but she is getting more and more mobile all of the time. She is crawling around on her belly and is really interested in the world. She has a couple of really clear words and others that are getting easier to understand. She is a lovable child and I'm sure that the teachers and other children will enjoy being with her."

These comments may have caused the director to back away, but she was committed to quality care for all children. She also really believed in the ability of her staff to work with almost any child. The teachers were flexible and very aware of child development. They had worked hard to put together a program that worked well for young children and the director saw that Sarah would be a new challenge that they were ready to handle. With these beliefs in mind, the director set up a time for Sarah and her parents to come to the center for a tour and a meeting with the teacher in what would become Sarah's classroom. The purpose of the meeting was to discuss the specifics of Sarah's disability and, just as important, her abilities. The teacher wanted to encourage her development, not do things for her that she could do for herself.

After that initial phone call, both the parents and the day care center staff felt that they had work to do. The parents put together a file of all Sarah's health care records, made a list of the words she could say clearly and those that she was currently working on, and wrote down some tips for the teachers regarding Sarah's wheelchair and positioning her when she was on the floor or in a regular chair. She was just starting to use a regular chair at home. It worked if the chair had arms and her feet could touch the floor. Sarah's parents also included a brochure about cerebral palsy in the file. They hoped that the center staff would have some background in various areas of disabilities, but they knew that this wasn't always the case. Meanwhile, the director met with all of the teachers to introduce the notion of caring for a child with a disability. She solicited their input about potential problems and they brainstormed ways to meet these new challenges. All of the teaching staff were included in these meetings. The philosophy of the center is that all of the adults are responsible for all of the children on some level. The director also saw this as an opportunity to introduce this topic before it came up in the other classrooms. The teachers did have questions about how Sarah would interact with the other children and with the teachers. They were worried that the other children wouldn't play with her, or that they might step on her as she scooted across the floor. Could she feed herself? Would she be too hard to lift for diaper changes? Would they understand what she needed when she was asking for something? What would the other parents say? The director noted all of their questions, answering the ones she could. Others were put off until the parents met with the specific teacher and the director. All of the teachers agreed with the director that this would be a challenge, but, just as with any child, they would try to meet the child's needs as best they could.

At the actual meeting between the parents, teachers, and director, the details of the caring for Sarah were ironed out, as much as possible. She would continue to get therapy four times a week from physical and occupational therapists, twice a week for each. Her speech therapist would see her three times a week. All of the therapy would happen at the day care center, sometimes in the classroom and sometimes in the gym or in a quiet space in an unused classroom. Teachers and parents agreed that it would be helpful to have the therapy in the classroom sometimes so the teachers and therapists could learn from each other. The parents had confidence that when the teachers and children got to know their daughter they would see her as an individual, rather than as a child with cerebral palsy. Everyone left the meeting feeling that there would be more questions, but that things could be worked out as they arose.

The next step was for Sarah to visit the classroom. This is strongly encouraged for all new children. The center staff have found that it is very important for children to be introduced to the day care environment before they are actually asked to spend an extended time there. At this time parents are able to tour the center and learn about sign-in and sign-out sheets, diaper changing charts, napping charts, where to put children's belongings, and where to find things at the end of the day. Parents are also asked to consider sharing a talent or skill with the center, such as playing a musical instrument, talking about their culture, reading a story, or telling about their career. The teachers were a little nervous before that first visit about how the children would react to Sarah and about their own abilities to meet her needs, along with the needs of the other children in the class.

During the visit the parents allowed the other children to examine the wheelchair, which they found very interesting. The children noticed Sarah's partial braces on her legs and the parents explained that those helped Sarah's legs be stronger. Since the children in the class were only two to three years old their questions were limited. Mainly, the parents tried to familiarize Sarah with the classroom and act as role models for the teachers. They got Sarah out of the wheelchair and let her scoot around the floor. She made a beeline for a truck that had been left on the floor and grabbed it. This seemed to be enough for the other children, who went back to their art projects and playing. The whole visit lasted about one hour and afterwards the teachers felt ready for Sarah to join the class full time. It was arranged that the parents and teachers would make time at the end of every week to touch base and see how things were going. Since either her mother or her father picked her up and dropped her off every day, the teachers knew that they would always be able to ask questions almost as soon as they came up.

One thing that the teachers learned during the first week was that Sarah would be turning three that winter, which meant that she might be attending public school for four half-days a week. The diagnosticians would be coming to the day care center for some of the testing and to observe Sarah shortly before her third birthday. Once she entered school the bus would drop her off at the day care center after school and she would only be at the center one full day a week. The teachers expressed the hope that they would be able to have some way to communicate with the public school teachers about Sarah. For example, they wanted to know if Sarah had had a rough morning or if she had had a large snack and wouldn't be hungry for lunch. When the time came for Sarah to enter school a notebook went back and forth between school, day care, and home. The notebook was carried in the cloth bag on the back of her wheelchair and could be written in and read by people in all three environments.

As far as Sarah's integration into the day care center, it has generally been smooth. The teachers found that they needed to ask the parents to send more finger food, so Sarah could be more independent at lunch and snack. The parents found that they needed to send more changes of clothes because Sarah participated in art activities and water play and often got her clothes wet, even when she wore a smock. The reaction from other parents was nonexistent. Not one came to the teacher or director to ask about Sarah. The other children seemed to take Sarah as one of their own. They played with her on the floor, greeted her when they arrived, and said good-bye when they left. "Hi!" was one of Sarah's first clear words, so she greeted each child when she arrived. There are times when it is

difficult for Sarah to fully participate in activities, such as movement songs. The center accepts that there are always some activities in which not all children will fully participate. They modify whatever they can and realize that there may be a time when Sarah watches and waves a scarf, rather than move her whole body. The main goal for Sarah's parents is for Sarah to be with other children. They wanted her to learn from other children and be challenged to do as much as she could. They also wanted her special needs met. By having Sarah in a regular day care center half of the time, she has lots of opportunities for interaction, socialization, and modeling. Her public school experience relates much more directly to her specific needs. This is Sarah's second year at the day care center. Her therapists are pleased with her progress and feel that it is very helpful for her to be surrounded by all of the stimulation and motivation of the day care center. The teachers are pleased to have her in the class. She is cheerful and pleasant to be with. Her parents are pleased to have her in as "normal" an environment as possible. Since they both work full time they knew that they would need full day care for Sarah. It has worked well for this care to be combined day care center and public school.

One type of dual placement Sarah benefited from is discussed by Templeman, Fredericks, and Udell (1989). They also reviewed other models of integration in day care centers and considered the pros and cons of these community options. Their findings are presented on the next page:

COMMUNITY OPTIONS	PROS	CONS
DAY CARE	Preschools within day care Regulations re: sanitation, ratios, and nutrition Wide age range Flexible daily hours Flexible weekly schedule Meals available Napping available Emphasize self-management	Costly Staff training may be limited "2-1/2 and toilet trained" Naps required in PM Some not readiness oriented
HEAD START	Flexible daily hours Transportation provided No tuition Speech therapy Medical/Dental Services Parent Support Diverse skill level of children Staff inservice training 10% handicapped Sites throughout county Meals available Assistants Highly monitored Well equipped	Inflexible weekly schedule Income eligibility Enrollment period restricted
PRIVATE PRESCHOOLS AND KINDERGARTENS	Reasonable rates Small class sizes Attract highly educated staff Well equipped	Rigid hours No meals No assistants No regulations No monitoring Small age range Small skill range
COOPERATIVES	Parent participation Very inexpensive Parents monitor quality Toddler programs	Parent participation Squabbling Rigid hours Variety of adults
PUBLIC KINDERGARTEN	Free Certified staff Mainstreaming not foreign Access more resources (library, gym, music, pool)	Skills far above EEN children Large class sizes Teachers feeling busy

DUAL ENROLLMENT - DAY CARE AND SCHOOL

As seen from Sarah's story, this arrangement requires some communication between the day care center and the school to coordinate approaches to behavior and follow through with communication to the parents. While the responsibility for the Individualized Education Program (IEP) clearly rests with the exceptional education teacher in the school, it is helpful if the day care staff are made aware of the goals and objectives for the child. In this way the teacher is able to design strategies that can be followed in the day care setting. Such communication may take the form of a weekly phone call, a notebook that goes between school, day care center, and home, or notes between teachers.

Parents are also a source of information about both settings. It is equally important for the teacher at school to be aware of what is happening at the day care center in terms of skills and social interactions. Consistency of care requires communication and consistency of expectations. It is not helpful for the child if one teacher dresses the child when the other teacher knows that the child is able to be much more independent. In this arrangement related services may occur in either setting. In one day care center observed for this study the child received speech therapy at school and occupational and physical therapy at the day care center. While the day care teachers were not directly involved with the therapy, they did have a weekly opportunity to discuss the child with the therapists. These discussions included ways that the therapeutic goals and objectives could be reinforced in the day care classroom. Due to time constraints, these weekly conferences were not lengthy. In fact, on some days they might only be a few minutes long. Regardless of the length of the conference, there was at least a feeling that the professionals were touching base with each other and that any progress or regression would be noted.

ELEMENTS TO CONSIDER: INTEGRATION IN DAY CARE CENTERS:

- toys that encourage cooperative play
- ways to incorporate IEP into daily activities
- necessary modifications in physical environments
- ways to integrate therapy into classroom activities

ITINERANT AND CONSULTING SERVICES IN DAY CARE SETTINGS

Integration in day care centers is becoming more widely viewed as a necessity for parents and children. Providing itinerant preschool special education programming within a day care or community preschool may allow the child to remain in one setting during one day and cut down on transportation costs. Public schools in Wisconsin may provide itinerant services to preschoolers with exceptional education needs in day care settings if the day care is licensed by the Department of Health and Social Services (DHSS) and is non-sectarian in nature. Naturally, the child's IEP would have to reflect the need for such services. Day care teachers report their desire to work closely with public school teachers and therapists. When M-team information and Individualized Education Programs (IEPs) are shared with day care staff, coordination between programs is increased. Day care teachers are willing to sit in on M-teams or offer their observations to diagnosticians or psychologists. Their insights offer valuable information to the functional abilities of children who have been enrolled in day care. When the IEP goals and objectives are shared with day care staff the child has additional opportunities to achieve these objectives. Some families enroll their children with exceptional education needs full time in regular day care centers. This allows the child

to really become part of the group and minimizes time spent on transitions. A careful needs assessment is necessary to determine the appropriateness of such a plan. The results of the assessment can be related to the day care curriculum to determine the feasibility of full time placement. As discussed earlier, a program that is both developmentally and individually appropriate is beneficial to all children, with or without exceptional education needs. It is especially important for successful integration. Depending on the number of children with exceptional education needs enrolled in the day care center, it may be necessary to designate one person to coordinate related services that are to take place in the day care center, whether these are in the classroom or on a pull-out basis. Since many day care centers do not have a separate space that can be freed up for pull-out therapy it may be more likely to occur in the day care classroom. There are many benefits to this arrangement, including the opportunity for the teacher to observe or even participate in the therapy, allowing the other children to participate in some way, providing the opportunity for the therapist to model appropriate behavior and language for both teachers, aides, and children, and more time spent on actual therapy, rather than travel to and from a therapy room.

In addition to incorporating children with special needs in day care centers, it is helpful if teachers are given resources related to the special needs of the children who are to be served and ways in which their needs can be met.

Observations at a day care center associated with a local college revealed that several children with identified special needs were enrolled both full and part time. One child with a physical and speech handicap was enrolled full time and the fact that therapists come right to the day care center allows the teachers to keep in touch with the specific goals and objectives for the children. The child who is enrolled full time is clearly a part of the classroom, although she neither talks very well and does not walk at all. She is able to pull herself around and has a wheelchair for times when the class is going to the gym or outside. The developmentally appropriate nature of the curriculum has allowed this child to participate to her personal level of fulfillment. While she is often doing somewhat different things than many of the other children, she is involved with the materials along side her peers. The children are learning that individual differences are not only acceptable, they are to be valued. The teacher does not plan a separate curriculum for this child, despite her multiple handicaps. Rather, she knows that the activities she has planned for all of the children will be hands-on, attractive to children, and inviting. She also knows that all of the children will experience each activity differently and that this is to be expected. As with most day care centers, this one does not have staff who are trained in exceptional education. Nor does it have the low adult/child ratios of classes for children with exceptional education needs. Children are accepted and integrated on a case by case basis, with the assumption that all children are welcome if there is any way that their needs can be met within the day care center curriculum. Adaptations that can be made are made and the children are approached first as children, second as children with special needs.

This is not to say that having this child in the room full time did not require some adjustments. The teacher was very open in sharing that this was all new to her and that she had some concerns. Conferences between the mother, the teacher, and the day care coordinator brought some of these concerns to light and approaches to possible problems were discussed. Feeding was an area of particular concern. Most three year olds are quite ready and willing to self-feed while this child was able to self-feed only finger food. The teacher was concerned with the amount of time it would take to feed one child and the effect that would have on the other children as they ate lunch. The simple solution? Each day this child comes with a sufficient amount of varied finger foods for snack and lunch. She also brings something that requires spoon feeding. If there is time and the count is low that day the teacher or assistant works on feeding skills. When there is not time, as is frequently the case, finger food is the total meal. A lunch of finger food does not stand out as particularly different in this classroom and the hurdle of lunch was overcome very simply. Parents, therapists, and the teacher all report that the total day care experience has been a positive one. The therapist has remarked on the progress in

motor development being made and links it to the abundance of role models and stimulation at the day care center. The parents are pleased that their child has a safe and nurturing place to go and be with other children.

A nationally recognized model in providing consulting services in day care centers is located in Utah and is called the Utah Social Integration Program. It has been in existence since 1982 and involves five day care centers, three privately operated and two with public funding. More than 50 children with special needs have been involved in the program. The information below was reported in Child Care Quarterly, in an article by Sarah Rule, Joseph Stowitschek, and Mark Innocent (Rule, Stowitschek, and Innocent, 1986). Their findings indicate that the children made progress equivalent with a control group in a self-contained program. A key element of this program is the support system. Based on the belief that many of the activities that regularly occur in day care programs are instructive for all children, the support system is in place to facilitate the day care staff as they care for and teach the children with special needs. The support model consists of:

- A part-time special educator for each center.
- A part-time aide for each center.
- Use of a social skills program.
- A limit of 10 per cent of the number of special needs children in a class.
- Developmental, rather than chronological placement.
- Instruction in effective teaching methods for the regular staff.

Two teaching strategies are used to support the daily activities. The first, called "a coincidental teaching session," is designed by the special educator after consultation with the regular teachers. These sessions revolve around naturally occurring activities which can be easily adapted to teach a specific skill. These short, two to three minute sessions may involve self-help, language, motor, or cognitive skills. For example, the teacher may ask the child to use alternate feet when walking up or down the stairs. This request will be followed by observation and a physical assist, if necessary. This type of coincidental teaching does not require that teacher to leave the group and can easily be built into the existing activity. At another time the teacher may make a point to ask a child to carry items in a specific order or to ask for a particular item at snack time.

The second teaching strategy that has been successful is called "microsessions." These are also designed, and initially taught, by the special educator. They take place in the classroom and involve content that will not occur naturally during the course of the day. Specific exercises or articulation practice are two types of areas addressed in this way. Over a period of several sessions the classroom teachers take over the responsibility for teaching these sessions. This is a gradual process and allows for continued monitoring by the special educator.

Other responsibilities of the special educator are: communication with therapists, leading the writing of the Individualized Education Program (IEP), and staff development for the regular day care teachers. The costs for the additional staff are assumed by the State Department of Social Services, Division of Services to the Handicapped. This is very cost-effective when compared to the cost of self-contained services. The program also meets the requirement for placement in the least restrictive environment. The needs of children and parents have been successfully met through this integrated day care program.

CO-LOCATED PROGRAMS

In this arrangement, a classroom of preschool special education students is located on the same site as a community preschool, day care or Head Start. With cooperation and collaboration between one staff member from each program, there can be many opportunities for children to interact. The Chippewa Falls Public Schools rents space for an EC:EEN classroom from a licensed, non-sectarian day care. This model has proven to be an effective way for three and four year old children to be integrated when the school system does not have a "general education" program for preschoolers.

DAY CARE HOUSED IN PUBLIC SCHOOLS

Many educators are surprised to hear about preschool day care in the public schools, but it is possible in Wisconsin. In 1984 and 1988, the Wisconsin Legislature passed laws giving school boards authority to house and operate day care programs in the school.

Before 1984, school boards had no clear statutory authority to provide day care programs in the schools. That situation changed when s. 120.13(14), Wis.Stats., was created. Under that statute, schools boards received authority to "establish and provide or contract for the provision of day care programs for children . . ." Thus, school boards may provide day care programs themselves or contract for such programs.

If a school board decides to offer a day care program under this statute, it may charge a fee to participate in the program and also may receive state or federal funds for the program. However, the board may not claim the costs associated with the day care program as shared costs for purposes of receiving state equalization aid.

Programs offered by school boards under this statute also must meet Department of Health and Social Services (DHSS) standards for licensed day care centers. These standards—found in Ch. HSS 55, Wis. Adm. Code—cover requirements for such things as minimum floor space, emergency procedures, food preparation, sanitation, and the physical plant. Under these rules, the DHSS is required to inspect day care programs established by a school board and to document in writing whether the board's program complies with the applicable standards.

If a private day care provider wants to offer a day-care program in a public elementary school, it must submit a written request to the school board. The request must indicate in which elementary school it will provide the program, the amount of space needed, the number and ages of children the program will serve, and the times the program will operate.

The day care provider also must assure the board that it will: 1) pay the actual incremental costs of providing the program in the school building; 2) obtain adequate insurance coverage and be liable to the school district for any property damage that results from operating the program; and 3) not provide religious instruction or permit religious practices to be conducted during the program. The program also must meet DHSS standards for licensed day care centers.

If the board contracts with a provider to offer a day care program, this does not limit the board's ability to offer a program itself or to contract with other providers to offer additional day care programs.

While concern over "latch-key" children spurred the legislature to pass the previously mentioned laws, it is important to note that this initiative also provides opportunities for preschool day care in the schools. Thus, creating more mainstreaming opportunities for three and four year olds with disabilities. Such an arrangement could also assist families whose children are enrolled in half-day early childhood or kindergarten programs. They may be able to secure day care for the other half day in the same building.

INTEGRATION IN HEAD START PROGRAMS

All of the integration options discussed in regard to day care or community preschools are also possible models to be implemented in collaboration with Head Start.

Federal regulations mandate that 10% of the children enrolled in Head Start programs will have special needs. Thus, these programs are already integrated and can serve as a model for other programs. Further integration is achieved when children from a program for children with disabilities, ages 3.0-5.11, are integrated with a Head Start program (Kenosha Early Childhood Integrated Program). Parent involvement, another Head Start mandate, is an important part of this program. The program is staffed by exceptional education teachers from the public school and Head Start teachers. The two groups of teachers meet to review program structure and effectiveness and work as a team.

■■■

INTEGRATION IN SCHOOLS

MAINSTREAMING SPECIFIC CHILDREN WITH EXCEPTIONAL EDUCATION NEEDS FOR PART OF THE DAY IN GENERAL EDUCATION CLASSROOMS:

This has been a common model in mainstreaming for many years. In this case a small number of children with exceptional education needs are mainstreamed for partial days in a general education class of children of the same chronological age. The specific areas of mainstreaming are determined by the Individualized Education Program (IEP) and the teachers involved. For example, two children with exceptional education needs may join the kindergarten class for story and free choice or play time. These two children may spend the rest of the school day in the early childhood exceptional education class or may receive support services on a pull-out basis. Many teachers feel comfortable with the model because it involves a small number of children and limited involvement by the general education teacher. This may be an excellent way to start mainstreaming in a new setting. Depending on the needs of the children, the exceptional education paraprofessional or handicapped teacher's aide may accompany the children when they are in the early childhood general education class. In that case, the additional adult in the classroom is available to help facilitate smooth integration of the children with exceptional education needs. The children may be more actively involved in the presence of a familiar adult. The additional adult also helps reduce the adult/child ratio, an important factor in a class that may already seem very full to the general education teacher.

Another example of this type of mainstreaming involving three and four year old kindergartners was observed in urban Milwaukee. In this class of ten children with exceptional education needs, six children are mainstreamed for part of each day. They join a four year old kindergarten. This arrangement is set up at the beginning of the school year and is monitored by communication between the two teachers involved. The paraprofessional or student teacher provides assistance for the children and for the general education teacher if more than one child is mainstreamed. The exceptional education teacher is responsible for all of the goals and objectives that make up the Individualized Education Program (IEP), with experiences in the early childhood general education classroom serving as a supplement. The fact that there is only one four-year-old kindergarten in this building dictates, in part, the level of mainstreaming that is possible. In keeping with the philosophy of mainstreaming children who are of like ages, the decision has been made to mainstream only in the K-4.

This early childhood exceptional education class is set up very much like a traditional kindergarten for four-year-olds. The morning starts with a group time which includes a story, songs, and movement activities. The children move from the large group time to small groups which are directed by the teacher, student teacher, or paraprofessional. The small group activity introduces and reinforces concepts. Dinosaur lotto was used to reinforce the children's ability to match pictures. The children seem to enjoy the small group activity, which involves four to six children at a time. The small and large group times focus on the objectives for each child. Following small group activities the children engage in free play. During this time they slide and climb on a climbing structure, build with blocks, look at books, listen to cassette tapes, play in a housekeeping area, use a puppet stage for dramatic play, or use manipulatives, such as puzzles. The speech and language therapist works with groups of three children during this time. The children are allowed to self-select the area in which they play.

This is an example of a half-day classroom situation in which the children spend most of the morning in the early childhood exceptional education class. When they are mainstreamed in the general education class it is one at a time or with the assistance of a paraprofessional. They are mainstreamed during times when they will be able to function with the other children. The arrangement benefits the children with exceptional education needs by giving them role models and a typical, stimulating environment as part of their school experience. The children in the early childhood general education class also have the benefit of additional peers, as they view

the children with exceptional education needs. The teachers work cooperatively on the details and both feel very positive about the arrangement.

GENERAL AND SPECIAL EDUCATORS TEAM UP TO PROVIDE INTEGRATION OPPORTUNITIES

One way that integration often is initiated is through the cooperative efforts of a general and an exceptional education teacher. In one example of this type of integration, the general and exceptional education classes join together for a morning or afternoon once a week. The two groups, the two teachers, the exceptional education paraprofessional, and the speech therapist join together for large and small group activities. The week I observed was devoted to the theme "police officers." The morning started with a story for the whole class, read this time by the general education teacher. The exceptional education class had heard the story the day before. This is done to increase their familiarity with the story and facilitate comprehension. Following the story and a related discussion the children are divided into four groups, each of which works with an adult. The groups are selected by the teachers and are composed of children from both classes. There were eight children in each group. The four stations were: story, craft, snack, and language arts. The activities were planned in such a way that the children could be somewhat independent and allowed for a range of skill levels. For example, in the language arts station the children completed books called "When I Grow Up" by coloring in pictures of police officers and fire fighters and then drawing a picture of what they want to be when they grow up. The careers were independently chosen and ranged from drag car racer to fire fighter to sheet metal worker. The children sat together and interacted in a quiet way throughout the morning. When a group completed the activity at one station they moved as a group to the next station. The teachers, paraprofessional, and therapist stayed at their station for the entire small group time. In this way the speech and language therapist had the opportunity to work with all of the children, rather than just a few. She explained the benefit of this arrangement. "This gives me a chance to talk with the children about things that interest them in a natural environment. I can also hear them as they talk with their peers, which really helps me know what they are capable of."

The children were aware of who was in each class, but it didn't seem to make any difference. They talked with whomever they were sitting next to and went willingly to each station. This integration occurs once a week. The themes are developed cooperatively by the two teachers so the integrated morning fits in with what is happening during the rest of the week in both classes. It has benefited all involved. The teachers enjoy working together and getting to know each other's children. They are a source of ideas for each other. The children in the regular class benefit from having different peers and from working with an additional teacher. The children in the exceptional education class benefit from the role models in the general education class and from the opportunity to be involved in some large group activities with different adults.

MORE SHARED EXPERIENCES

A slightly different approach was observed in two classes of three and four-year-olds, one for general education students and one for preschool students with cognitive disabilities. The two teachers felt that both of their classes would be enhanced by joining together for some activities. Since there were more than twice as many general education students as students with exceptional education needs, the teachers decided to trade students on a regular basis, on a six to one ratio. In other words, when one student with exceptional education needs joined the general education class, six general education students joined the class for students with exceptional education needs. Both classes have a full-time aide, who stays in her assigned classroom. The students trade classes for art, music, and play time. The exceptional education teacher also teaches some art lessons in the general education class so those students will get to know her better. This arrangement has worked out well for all. Both of the teachers feel that they benefited. The general education teacher has several opportunities a week to work with a smaller class, down to 19 from 24. Conversely, the exceptional education teacher has an opportunity to plan activities that work better with more children. Her class also has an opportunity to observe the general education children as role models during activities and play time. Through careful selection of materials and activities the teacher encourages social interaction and cognitive stimulation. Cooperative activities are planned and children are reinforced for positive social interaction.

INTEGRATION IN PRESCHOOLS

A NATIONALLY RECOGNIZED MODEL

An integrated preschool in its third year of operation was observed for this project in Omaha, Nebraska. It is a merger of two totally separate programs, one a segregated program for three and four-year-olds with exceptional education needs, and one a preschool program for a like age group of traditional preschoolers. This group of ten children with special needs and thirty general education students share a large room and two smaller rooms, as well as a gym and a playground. The program is staffed by one exceptional education teacher, two exceptional education paraprofessionals, two general education teachers, (one of whom is also the half-time director of the program), and two general education paraprofessionals. This ratio of staff to children allows for much contact on an organized and more informal level throughout the day. The program is essentially a half-day program, with before and after school care included.

In talking with the staff, two points were very evident. The first is that the development of the program was a process. During the first year all of the children were integrated for everything. This year the children with special needs include a child who is profoundly deaf, one in a wheeled walker, and six with speech and language delays. Three of the children enrolled as general education students also receive speech and language therapy. Total integration was not entirely successful during that first year. The teachers came from two different orientations. Traditionally, exceptional education teachers are trained to look at the child from the disability and to remediate with specific intervention techniques. The general education teachers looked at the child from the view of the whole child whose developmental needs are best met through an appropriate environment and a developmentally appropriate curriculum. The teachers needed to spend time working together on their views of how children learn, what children between the ages of three and five should learn and do, what the environment should look like, and what the role of the teacher should be. During the second year the teachers continued to work on these issues, as well as clarifying lines of responsibility and the most effective ways to accomplish joint planning. This second year saw the children separated for small groups and a structured choice time with structured integration. After this second year of examining values and options for integration the program evolved to its current state. All of those interviewed agreed that this was the most successful year and that this model would be continued. At this point the children are integrated for everything except small group time, at which time the exceptional education teacher focuses on specific objectives from Individualized Education Programs (IEP). All of the children are involved in making decisions for choice time through the implementation of the High Scope method, as discussed in Chapter 5.

"ELISHA"

Elisha has been enrolled in a Head Start program for a year, getting speech therapy and learning to interact with her peers. At four years of age she is ready to start kindergarten, according to the school district she lives in. Her parents feel that the stimulation of kindergarten would be good for Elisha, but are unsure that their daughter will be able to keep up with the other children. A phone call to the school answers their first question, "Who is the teacher, or are there several classes to choose from?" They learn that there are two programs for four year olds that meet in the afternoon. Both have a teacher and an aide and each last for three hours. Both operate with the same philosophy of active involvement and play. Elisha's mother and father set an appointment to visit the classes and talk with the teachers. They aren't so sure about the idea of their daughter playing for most of the afternoon. Isn't that what she just spent a year doing in Head Start? Shouldn't she start some formal learning? They also had some concerns about Elisha's speech and how the other children would react to her delay.

The day that Elisha's parents came to visit the elementary school was fairly typical. Children in the first kindergarten class were busy with large wooden blocks; at the easel painting with red, yellow, and blue paint and large paint brushes; looking at books; listening to tapes on headphones; pretending to sell shoes in a shoe store with the play stove as a counter to hold the toy cash register; and

sitting at a table with puzzles and pegs. Two adults seemed to be moving from child to child and group to group, without any visible plan. The teacher took time out to explain the purpose of each area in the room and the benefits to the children of having so many choices. "The children learn so much, both from each other and from working with the materials. It is really amazing how so many of them come in here in September quite shy and by the time they leave in June they are talking up a storm, making plans for how to spend their afternoon, and working together to build or in imaginative play." Elisha's parents agreed that the room certainly looked inviting, but they had some questions about Elisha being "ready for all those choices and that level of activity." Elisha is a child who is easily distracted and her parents could see her wandering around, having trouble focusing on any one activity.

The other kindergarten class was right across the hall. This class was organized in pretty much the same way as the first. There were different play areas and the children were involved in all sorts of activities. One noticeable difference was in the number of children. While the first class had 25 four-year-olds, this class had only 15. Another difference that Elisha's parents noticed after a few minutes was that some of the children were "different." They asked about this. "What about that little girl in the red dress? Her face looks different. Is she just visiting this class?" "No," the teacher explained, "this is an integrated class. Actually, eight of the children have special learning needs and seven are enrolled as general education students. They all interact very well. In fact, you may not even be able to tell who is who unless you watch very closely and listen to the children for a while. The children don't seem to make anything of the differences. They've been together since the first day of school and they just accept each other. They are used to it."

In talking to the teacher, Elisha's parents learned that this class was very much like any other kindergarten class that is based on play. The two biggest differences were the smaller number of children and the fact that some of the children were seen by therapists, either for speech and language delays or physical delays. Sometimes the therapists went right into the classroom and worked with small groups of children and other times the children were pulled out and seen individually by the therapists. Elisha's parents felt that this would be a good place for her. The smaller number of children would be less overwhelming. There wouldn't be as many children for her to cope with. Other children would be getting speech therapy, so she wouldn't stand out. The teacher was already geared to the idea that the children would be on different levels. They left, after setting a time for Elisha to visit, feeling pleased to have found such an environment.

DUAL-CERTIFIED TEACHER PROVIDES INTEGRATED PROGRAMMING

As evident in Elisha's story, this classroom (pilot model implemented under Appendix H of PI 11, Wisconsin Rules for Implementing Subchapter V, Chapter 115, Wisc. Stats.) is in a large urban district which is implementing integration on a school by school basis. There are 15 three and four-year-olds in the class, eight of whom have identified exceptional education needs. The other seven are enrolled as general education students. There is one teacher in the room who holds dual certification, for both general and exceptional education. The class is in session four days a week, with one day reserved for home visits for all of the children. The teacher pointed out that this is a real advantage. She feels that she learns a great deal about the children by doing the home visits. The parents also appreciate this close contact with the teacher and the opportunity to reinforce at home what the children are doing in school. The room is set up as a traditional early childhood classroom with housekeeping, reading, sand, art, music, puzzles, blocks, books, and small manipulatives. The bright room is decorated with children's art.

The children begin their day in the book area. The room was filled with their conversations about the books, highlighting favorite illustrations or characters. The atmosphere is upbeat and from the casual view it is impossible to determine who is enrolled as an exceptional education student and who is enrolled as a general education student. The children talk with each other openly and enthusiastically.

When all of the children have arrived circle time begins. Calendar, songs, stories, and

movement involve all of the children. Preparation involves making a list of what will be happening that day, including special events. The children are totally integrated throughout the morning. They are involved with other classes for special activities such as a field trip to the farm with a third grade class. Parents also help with field trips.

The teacher feels very positive about this classroom. The children learn from each other and learn when to offer help and when it isn't needed. All of the children see that their peers have strengths to share with each other. The social interactions allow the children to learn from each other without a focus on disability. Rather, the focus of the class is on the positive strengths and contributions of all of the children.

REVERSE MAINSTREAMING

In this model, typically developing children are recruited for a class that mainly serves children with special needs. The number of children with special needs is generally larger than the number of typically developing children. The typically developing children may be recruited from the general school district and selected by lottery or they may be children of school employees. This model allows for desegregation of self-contained classes and allows children to become part of the school community who might not in other circumstances. The classroom also becomes a role model for other teachers and students in the school.

In a program described by Buehler (1990), the children with special needs enroll at no charge and the other families are charged $55.00 per week. The program shares a facility with a Head Start program, allowing for further interaction. The program has been very positive for the children as they move into the school system.

In another program of preschools housed in Colorado's elementary schools, children who qualify for federal special education, Chapter 1, or the State-funded Colorado Preschool Project attend free of charge. The remaining slots are filled by tuition paying children, at a nominal fee (Buehler, 1990).

SUMMARY

All of the examples above illustrate variations on the theme of integration. Each program will look somewhat different, depending on the needs of the children, the physical setting, time constraints, and attitudes of teachers. A common thread through all of these settings is the willingness of teachers to take a chance, try something new, risk some failure for some big successes. While they integrate general and exceptional education students in different ways, they all felt that their programs were successfully meeting the needs of all the children. As one teacher put it, "This aspect of the program is one that I never really planned for when I was in school. I never knew too much about special education, but now I see that I can help these kids and, if anything, it adds to the program."

McLean and Odom (1988) have identified the following four steps to take in attempting integration in early childhood programs:

1. Identify teacher expectations, child training needs, teacher assistance and support needs before and during mainstreaming.
2. Determine integration activities appropriate for each child.
3. Provide activities for functional grouping of disabled and nondisabled peers.
4. Prepare children, families, and staff for mainstreaming.

These elements have been incorporated in preschools that have a 50:50 ratio of children with and without disabilities.

CHAPTER 5
INSTRUCTIONAL STRATEGIES

ROLE OF TEACHER

SPECIFIC STRATEGIES FOR INTEGRATION

SOCIAL OBSERVATION FOR MAINSTREAMED ENVIRONMENTS

ONE INTEGRATED CLASSROOM

HIGH SCOPE IN ACTION

MAKING INTEGRATION WORK

LEARNING CENTERS

EDUCATION FOR ALL CHILDREN

RESOURCES FOR AN ANTI-BIAS CURRICULUM

ROLE OF TEACHER

The importance of the teacher in the early childhood environment can not be overstated. In many ways, it is the teacher who sets the tone for the classroom and ensures that the environment will be developmentally appropriate for the children to be served. Teachers prepare the environment in ways that invite children to become involved in learning. As teachers plan an environment in which activities are linked together they incorporate content area skills and knowledge. For example, children involved in a cooking experience are discovering mathematical concepts, cause and effect relationships, language use, possible cultural awareness, as well as cooperation. When an array of activities and materials are available, the teacher can be confident that allowing the children to self-select will result in an educational day. Most of the activities in a developmentally appropriate early childhood classroom are planned for individuals or small groups, since children between the ages of three and five function best in this type of environment. Teachers move among groups to facilitate learning, both social and cognitive. Teacher behaviors include: asking questions; redirecting children who are having difficulties getting along; offering suggestions for extended involvement; encouraging problem solving; and adding materials to a particular play area. Teachers encourage self-direction in this classroom, knowing that the key is having sufficient hands-on learning activities available for all of the children to be actively engaged in learning.

Teachers move among groups to facilitate learning, both social and cognitive.

Social interaction is one of the primary goals of early childhood education.

Social interaction is one of the primary goals of early childhood education. Teachers in integrated classrooms have a special challenge in this area. "Contact alone with typical children does not build interpersonal skills. Teachers and therapists must specifically model and facilitate prosocial skills" (Honig and McCarron, 1988). This facilitation includes verbal and physical prompts and reinforcement of appropriate social behavior and use of toys. Prosocial behavior has been found to be most frequent during free play and least frequent during structured circle times. Honig and McCarron (1988) based this finding on 1,200 minutes of observation of ten nonhandicapped and five handicapped children. In discussing their findings they went on to state:

It is evident that when children are 1) either kept within a rather confined classroom space and allowed freely to select their own preferred activities and time spent at them, or 2) when teachers actively create small social groups of children and deliberately promote interactive games, then prosocial initiations are more frequent. In contrast, both too much freedom and lack of structure in a large spatial area (the gym) or too little freedom and structure that focuses children on the teacher exclusively, depress the frequency of prosocial peer interactions that children initiate. Teachers who are

TEACHER BEHAVIORS

- asking questions
- redirecting children
- offering suggestions for extended play
- encouraging problem solving
- encouraging self-direction
- preparing the environment

aware of the potential power of environments to restrict or support such interactions can better structure activity settings and the length of time that preschoolers spend in them, so that the program goal of social skill building is met (Honig and McCarron, 1988).

One of the main roles of the teacher is to prepare the environment with developmentally appropriate materials and be available to help children in their self-selected tasks.

According to Wynne, Ulfelder, and Dokof (1975), "...The ability and attitude of the teacher appear to be the most important factors in the success of an integrated program," (in Cook, Tessier, and Armbruster, 1987). The teacher is believed to be the central figure in all preschool programs.

The role of the teacher in a mainstreamed or integrated classroom carries with it many responsibilities, as does the role of any competent teacher (Rogers, 1989).

Therefore, the skills used to teach in an integrated classroom are basically the same as those required to teach any child between the age of three and six (Hanline, 1985). Safford (1989), Cook, Tessier, and Armbruster (1987), and others report that the teacher in an integrated program needs to be able to:

1. Prepare the learning environment.
2. Plan and prepare daily activities.
3. Exhibit knowledge of the processes and stages of typical growth and development.
4. Detect the warning signals of possible developmental and learning problems.
5. Use informal procedures to diagnose educational problems.
6. Adapt the learning materials and environment.
7. Observe and report behavior of individual children.
8. Determine each child's developmental level and learning mode.
9. Develop trusting relationships with students through communication and positive expectations.
10. Communicate honestly and openly about disabilities.
11. Display the ability to prompt and reinforce desired behavior.
12. Be able to draw from and use community and school resources.
13. Involve parents in the preschool program.
14. Deal with parental concerns.
15. Recognize own limitations and seek advice and/or assistance from specialists whenever necessary.

Hanline (1985) also examined the ways in which teachers approach children with special needs and offers the following advice:

1. Do not become over protective of children with disabilities.
2. Do not assign too much responsibility to nondisabled children.
3. Do not perceive children with disabilities as incompetent.

TEACHERS ARE THE KEY!

- Prepare the environment
- Plan and prepare activities
- Plan for social interaction
- Know each child—individualize
- Communicate with parents and other professionals

SPECIFIC STRATEGIES FOR INTEGRATION

Four strategies (We're in This Together, 1989) have been identified as effective teaching strategies for teachers who work with integrated groups of young children. Each of these can be used to encourage skill development while the children interact with a variety of materials, such as those found in a typical class for three, four, or five-year-olds.

MODELING

Teachers model behavior when they show children how to behave or how to accomplish a certain skill. Modeling can also be done by peers, with the teacher pointing out the key behaviors. For example, the teacher may notice that a child is observing two other children play with play dough. The teacher then talks with the observer about the actions of the other two children, highlighting actions that the observer could take to participate in that activity. An advantage of an integrated class is the number of role models available.

SHAPING

When children are engaged in learning a new skill or attempting a particularly challenging task, the teacher may shape the new behavior by reinforcing small steps along the way. With a gradual progression to more complex or difficult steps the child's behavior is shaped, coming closer all the time to the final behavior.

PROMPTING

At times teachers need to prompt a child to take a step that he or she would not take on their own. Prompts can be verbal or physical, such as saying, "I think I hear someone at the door," when children are playing in the dramatic play area. This may prompt the child to extend the play to include a new element. A physical prompt may be a teacher steering a tricycle as the child pedals or helping the child fit a puzzle piece in. As the child becomes more accomplished fewer prompts are needed and they fade away.

PROVIDING OPPORTUNITIES FOR PRACTICE

Children in integrated classes have opportunities to practice skills in a variety of situations. They pour at snack time, at the water table, at the sand table, in the dramatic play area, and in the sand box on the playground. Teachers who are aware of the skills children are working on provide opportunities for practice that are naturally part of the curriculum. Finally, task analysis allows the teacher to break a skill into smaller steps that are more obtainable. Once a skill is broken down into its parts, teachers can determine which steps the child can accomplish and which ones need further attention.

These strategies can be used as teachers help children interact socially in the classroom. Modeling can be used to illustrate sharing, turn taking, and approaching a child to initiate play. As children become more adept at social interactions teachers can reinforce each step and each bit of progress. Prompts may take the form of suggesting ways that children can approach each other for play and ways that they can continue a play sequence. As children are more comfortable with each other and more able to play together, the teacher steps back and allows the children to determine more of the play sequences. A child who is just learning how to interact with peers may practice this skill by greeting other children at the door of the classroom or during group time. Children can be encouraged to ask peers for help with situations in the classroom, when possible. Teachers encourage children to invite others to play, to share, or to trade toys. Projects that require interaction, such as assembly lines, are effective ways to encourage children to work together. Games that require children to repeat each other or hand something to a peer also help children interact.

Both teacher and child directed experiences are a part of early childhood programs, with teachers giving importance to child directed activities by participating with children. This point is especially important in settings in which some children have communication delays or are otherwise less adept at joining into social play activities. In her nine month observations of an integrated program for four year olds, Judy Kugelmass (Kugelmass, 1989) found that, "spontaneous cooperative play between disabled and nondisabled children did not occur initially in nonstructured play situations. Teacher/staff intervention facilitated cooperative and parallel play. Interventions included developing play situations that required cooperative play

The environment needs to support active exploration and interaction with materials, adults, and peers.

activity, involvement by staff in activities as a play-mate, and facilitation through mediation of conflict and interpretation of language and behaviors. Social skills are also developed through cooperative play that characterizes the free-play period in typical nursery schools."

With the use of an integrated approach, developmentally appropriate curriculum attends to physical, emotional, social, and cognitive areas. Goals are set based on teachers' observations and information from others involved with the child, including parents and therapists. Young children learn by doing. The environment needs to support active exploration and interaction with materials, adults, and peers. Learning materials that are relevant to the lives of the children are individually appropriate and most effective.

In any program for children between the ages of three and five there may be a developmental span of up to six years. In other words, there may be children functioning on the level of an 18 month old in some areas while other children may function as a seven year old in some areas. For this reason, any class needs to be equipped with a range of materials. Activities need to be made available that vary in length and complexity. For example, some children will be ready for pattern books that encourage language and reading skills. Other children will be more interested in books that label single items or that tell an involved story and are read aloud over a period of days. Puzzles need to vary in number of pieces and level of difficulty, and games that are open-ended and more structured will both be available. All of this is true in a more typical early childhood class. It may be even more so when the students include those with cognitive disability, sensory impairments, emotional difficulties, or physical disabilities. If a range of materials and activities are made available, and children are given the opportunity to select from those activities for a major part of the day, the integration of children with exceptional education needs will be a natural expansion of an existing program.

LEAP PRESCHOOL PROJECT

This model incorporates individualized group instruction into an integrated preschool. While the whole group is involved in an activity, each child has a specific objective or objectives that will be included in the activity. Four techniques are used here. Group responding allows everyone in the group to respond together to a question, reinforcing the behavior and information for all of the students, including the ones who have that particular goal. This technique helps everyone to stay interested. Group directed questions allow the teacher to keep the interest of the group while calling on specific students for specific types of questions. The teacher may say, "Who knows...?" or "Raise your hand if..." The teacher will then call on the child whose objectives fit the question. For example, "Who knows what color this is?" is asked of the group. The teacher calls on the child whose objective involves learning colors. Interactions among the children facilitate interest and achieve social objectives. Finally, assigned seating can be used to achieve integration and lessen behavior problems. If two adults are available, one can act as a monitor who observes the entire group and provides reinforcement as well as cues for appropriate behavior. For example, the monitor might move a child who was not paying attention because of where she was sitting. The monitor will be able to quietly reinforce those children who are following the behavioral expectations and redirect those children who have wandered.

The LEAP Preschool Project encourages interaction by having children help each other (holding hands, giving simple directions, giving materials to a peer, showing affection, and reinforcing each other. Specific ways to encourage this type of interaction are:

- Making sure that the children know each other's names and use them.
- Reminding children to play with each other.
- Reminding children to try again if their friend doesn't respond at first.
- Telling the children what to say to initiate interactions.
- Arranging materials in ways that require interaction.
- Having one child hand toys or game pieces to other children.

- Reinforcing interaction among children, after it has occurred
- Not interrupting interactions.

SOCIAL OBSERVATION FOR MAINSTREAMED ENVIRONMENTS

Ruth Johnson and Colleen Mandell (1988) have developed a checklist that can be used in matching children with special needs and a general education environment. The Social Observation for Mainstreamed Environments (SOME) checklist identifies social skills seen as important by a majority of general education teachers of young children. The 15 items are all related to social skills because lack of social skills is often more of a deterrent to successful mainstreaming than lack of cognitive or physical skills. Each item is considered in three ways: Child's performance (+ usually demonstrates or - does not usually demonstrate); Teacher's expectation for this behavior (yes or no); and suggestions for working on the skill with the child. There is also an opportunity for the examiner to write comments about each skill. The checklist is completed by the general education teacher, the special educator, and parents or other caregivers. Observations are done in multiple environments under different circumstances. Thus, skills that are seen on the playground but not in the classroom can be noted as such. Use of the SOME checklist can identify discrepancies between behavior and classroom expectations and can pinpoint ways to address these discrepancies. The 15 items are listed below:

1. Asks for help when needed-verbally or nonverbally.
2. Plays well with others-in socially acceptable ways.
3. Obeys class rules-follows established daily routine.
4. Attends to tasks for short periods of time-at least 5 minutes.
5. Completes tasks with a minimum of adult help-puts toys on shelf.
6. Initiates interactions with peers-verbally or nonverbally, spontaneously.
7. Initiates interactions with adults-verbally or nonverbally, spontaneously.
8. Observes other children-watches, imitates or comments.
9. Makes simple decisions-choice of activities or behavior.
10. Practices turn taking-spontaneously and when prompted.
11. Respects others' belongings-ownership and appropriate use.
12. Respects others' feelings-sympathy when others are hurt.
13. Follows simple directions-one and two parts.
14. Uses verbal vs. nonverbal means to express feelings.
15. Uses words, signs, or appropriate gestures.

Use of the SOME checklist does not replace the usual diagnostic testing that is done when a child is enrolled as an exceptional education student. While not a screening device, it may provide useful information for parents and teachers such as what social skills will be important in the classroom and how these skills can be targeted at home and in the classroom.

ONE INTEGRATED CLASSROOM

A combined K-5 and first grade general education class was observed at Seawell Elementary School in Chapel Hill, North Carolina. Children with speech and language needs, one autistic child, children with learning disabilities, and one child considered Attention Deficit Disorder (ADD) were integrated in the class. In other years children with cognitive disabilities have been enrolled in the class. The child with autism is accompanied by a full time "crisis aide," who assists him as he completes his contract and moves through the daily routines. This child spends time daily in a classroom with an exceptional education teacher. During this time, the "crisis aide" assists the two general education teachers as they interact with the children in the large group and at centers.

A key component of this program is the participation in the Early Prevention of School Failure Project for screening. By examining the results of this series of screening tests, the teachers obtain information about the children's auditory, visual, and motor maturation, language development, speech, and experiences. The screening battery includes: Peabody Picture Vocabulary Test; Preschool Language Scale; Developmental Test of Visual-Motor Integration; House-Tree-Person Test; Revised Motor Activity Scale; a speech and language evaluation; and a parent evaluation form and interview. Using this information, the teachers are able to individualize the expectations of children at the learning centers. In this way a range of identified needs can be met in the classroom.

The room is set up with many learning centers, one of the key elements of the program. Examples of the learning centers are:

Art	Language
Dramatic play	Writing
Blocks	Math
Outdoors	Listening
UNC-TV	Research
Puppets	Library
All About Me	Reading

During the morning routine the teachers each have 20-25 children, mixed grades. The routine includes calendar, the daily schedule, and an explanation of the new activities. Each teacher explains half of the materials or activities and then trades the visuals with the other teacher, who then explains the other half of the activities. In this way all of the children are introduced to all of the activities. New activities may include art projects, writing tasks, puzzles, math activities, matching or sorting. This is a general explanation, without specific modifications for children with special needs. However, the teacher is able to note those children who seem to need more explanation and follow through. These children will receive individual attention during center time. Major areas of the rooms remain consistent, with the contents changing several times during a month long unit. For example, many art projects may be planned and presented surrounding the theme of weather or welcome to school.

CENTER TIME AND CONTRACTS

During center time the adults are available to the children. Children are assigned to specific centers based on their contracts. All children will participate in all centers over the span of a week, but the activities done there will vary based on developmental level of the child. The number of children in each center is limited by the teachers to insure sufficient materials for all the children. The use of contracts and independent learning centers are the two key elements of this program. The contracts vary in level of complexity and the teachers were careful to point out that several weeks are spent at the beginning of the school year teaching and reinforcing the routine of the room. Contracts provide a visual record of the shared goals of the teachers and children. The classroom environment is highly complex, and is made manageable through the use of the contracts, as activities are planned and coordinated. The teachers noted that the parents also appreciate a record of the daily activities of their children. Contracts are sent home once a week, with all completed work attached. An important element of the contract system is daily individual conferences between teacher, or teacher assistant, and each child. I observed that these conferences are brief, but essential. Throughout the day the teachers monitor the children's progress at the various centers, check on levels of understanding, and plan for the next days work. Thus, as contracts are monitored during the day and before the children go home the teachers are able to evaluate progress and plan for future learning, on an individualized basis. The children with whom I spoke had a clear understanding of the contracts and their function. They clearly understood that the contracts helped them keep track of what they had done that week and what areas they needed to work in. As one first grader put it, "Last year I used one of those simple contracts where you just fill in a color but now I can do more planning." Another child, this time a kindergartner, told me, "This helps the teachers remember where I should go." When asked what happened if they got to an area and found the work too difficult I was told by a first grader, "Then either one of the other kids knows how to do it or I ask the teacher.

But that doesn't happen too much because the teachers tell us how to do the areas."

On first hearing about the use of contracts, it may seem that the level of record keeping required might be unmanageable. However, as was observed in Chapel Hill, the teacher and the assistant were able to monitor the contracts of 25 children, while the children stayed on task for the majority of the time. Because the children knew what to do, how to do it, where to do it, and when to do it, they moved independently throughout the day, busily learning.

ROLE OF UNITS

School
Self-concept
Family
Native Americans
Maps
Transportation
What People Do All Day
Circus
Grocery Store and Foods
Seashore
Pets
Bones
Insects and Birds
Solids/Liquids/Gases
Objects and Their Properties
Seashore
Animals Habitats
Moving Around

Each unit lasts for a month and is not repeated the next year, since the norm is for children to be in the class for two years. Units include nine or ten broad objectives, daily activities, weekly writing exercises, and weekly research projects.

Activities are designed for three levels of learners and are further individualized, as needed. For example, at the first level the student may be required to manipulate objects, draw and color, complete puzzles, or play games. At the second level the tasks are more involved and may include adding labels to pictures drawn by the child, filling in blanks, answering one or two questions with short sentences, or choosing an ending for a paragraph. Children judged by the teachers to be capable of completing work at the highest level may write stories from story starters, write their own stories, or answer three or four questions. Of course, a child may be developmentally at one level for language related activities and another level for mathematical activities. Careful color coding of every piece and every activity allows the children to function independently. For example, if a child is to read a book that is marked in yellow, the child need only go to the reading area, signified on his or her contract with a picture of a book and select one of the books that has been marked with a yellow piece of tape. Another child is assigned to the math area, signified by numbers on the contract. That child goes to the area of the classroom marked by an identical sign and then consults his/her contract to determine the color (level) of math game or activity to use. Clean up time is made easy for the children as they match the color and symbol on the math game, perhaps a blue triangle, with an identical symbol on the shelf. That is the spot for the game. This type of arrangement allows for important social interaction and incidental learning. Three children in the math area may be doing three very different things, but they are learning to share a common space and are able to observe their peers and learn from them.

Each unit is planned with the following elements in mind:

- Creating experiences, such as discussions related to bulletin boards and pictures that represent the unit.
- Analyzing experiences, such as responding to carefully posed questions about the unit topic, as represented on the bulletin board.
- Integrating the experience and the analysis of the experience, such as sorting pictures about the unit topic.
- Learning concepts by reading books, sorting examples and non-examples, viewing films, listening to guest speakers.
- Practicing defined "givens" by working in centers.
- Adding something of one's self by creating personal examples in centers, drawing, writing.
- Analyzing that drawing or writing for relevance and originality, for example, by writing a letter about the process or product.
- Practicing by applying knowledge to more complex experiences.

Throughout all of these experiences the teachers are aware of the need to plan learning experiences that motivate the learners and reach different learning styles

and modalities. Some children learn best visually, others auditorily. These considerations are taken into account when units are planned and implemented.

An immediate question I had when I saw the classroom with enough different activities available to keep 52 five and six year olds on task was how much time did it take to put together so many units. The teachers honestly responded, "A lot of time and work. But it was worth it. The children are on task and we are meeting their needs in developmentally appropriate ways. When the classroom is developmentally appropriate, everything is just so much easier." This school also has a close working relationship with the University of North Carolina in Chapel Hill. Student teachers are frequently involved in the program. Every student teacher puts together a complete unit which is then left in the classroom. The student teacher is very likely to also make a copy for personal use, but the original stays in the classroom. In this way the number of units has been built up over the years.

■■■

HIGH SCOPE IN ACTION

As mentioned previously, the integrated Westside Early Childhood Centers in Omaha utilize the High Scope curriculum. In this model choices are made in small groups of six to eight children and one adult. Work time is the longest segment of the day. Children are not required to stay at the area of their first choice for the entire work time. After working there for some period of time they are able to move to another area of the room as long as there are not too many children in the next area. Some children may choose books for the entire work period while others may move to several areas in a morning. For the most part, children are allowed to make choices without teacher intervention. There may be times when a teacher will choose to redirect a child who has selected the same area many days in a row and is not experiencing the full range of learning opportunities available in the classroom. Work time is followed by recall time. There are many ways for children to recall the things they have done that morning. They may use the methods used for choice time or may even act out what they did, or show something that they made. For example, a child may show the class a painting or a favorite page in a book.

There are clear advantages to this method of curriculum arrangement, according to the teachers using it. The children develop a sense of ownership and responsibility for their own actions. They realize that they are accountable for their actions and that they can follow through with a plan. This gives weight to their words and gives them a sense of themselves that is positive. This positive sense is seen as they go about their day, on task and involved in the important business of learning.

A second factor in the High Scope approach is the emphasis on hands-on learning. The children are actively involved in the many activities in the classroom. This includes movement and some noise, the kind of noise that comes when children talk to each other about their art projects, work with puppets, plan a meal in the housekeeping area, or show books to each other. There is movement as the children are drawn to a particular area. These are the sounds and movements of busy children.

The open ended nature of the activity areas allow children of varied ability levels to work together. A child may select a book to read or one for the illustrations. Art projects allow for creativity, rather than requiring children to follow a teacher model to produce a perfect copy. All of the children enjoy the play dough, whether they make little animals or pound it flat on the table. The result of this type of arrangement is a great deal of social interaction between children, regardless of their specific areas of ability. A major goal of this program is high quality education for children. Education in this case is broadly defined as including social, emotional, physical, and intellectual development. Small and large group activities are planned to introduce concepts and reinforce previous learning through songs, stories, media, and dramatics. Throughout the day the children are encouraged to express themselves through language and movement, to explore the environment using their five senses, to make decisions, think creatively, and to feel good about themselves as capable, unique

individuals. Learning through guided discovery in a safe, prepared environment enhances the children's competence and self-esteem. These goals are shared by all of the teachers for all of the children. The teachers have found that the integration of the two groups of children benefit both groups. The children with special needs have role models for development of speech and language, motor, and cognitive skills. Social interaction is possible and occurs throughout the morning. The general education children serve as role models for playing, one of the ways by which children learn best. The general education children have benefited by having more friends and by learning from the areas of strength of their special needs friends. During work time the therapists are involved with those children who need speech, language, physical, or occupational therapy. By doing a great deal of the therapy in the actual classroom they are able to use the same toys that the children will continue to play with, enhancing generalization. The teachers are also able to observe some of the therapy, which makes it easier for them to follow through with the goals and objectives of the therapy. The teachers also pointed out that there have been times when they have had concerns about a child enrolled as a general education student and have asked the therapist to observe the child in the classroom. The therapist may ask that child to be a partner with a child for a game or activity, making the observation totally nonthreatening. When general education teachers were exposed to children with special needs, they became more able to identify a child as a potential referral for special services.

GOALS OF THE PROGRAM AND EXAMPLES OF ACTIVITIES

Large and small muscle control—
outdoor play
movement exploration
finger plays
clay

Skills with tools and equipment—
pencils, pens, crayons, markers
balls, computer, typewriter

Manipulating, combining, transforming—
art
science experiments
cooking

Assuming responsibility for daily routine—
classroom maintenance
bathroom tasks
interaction with others

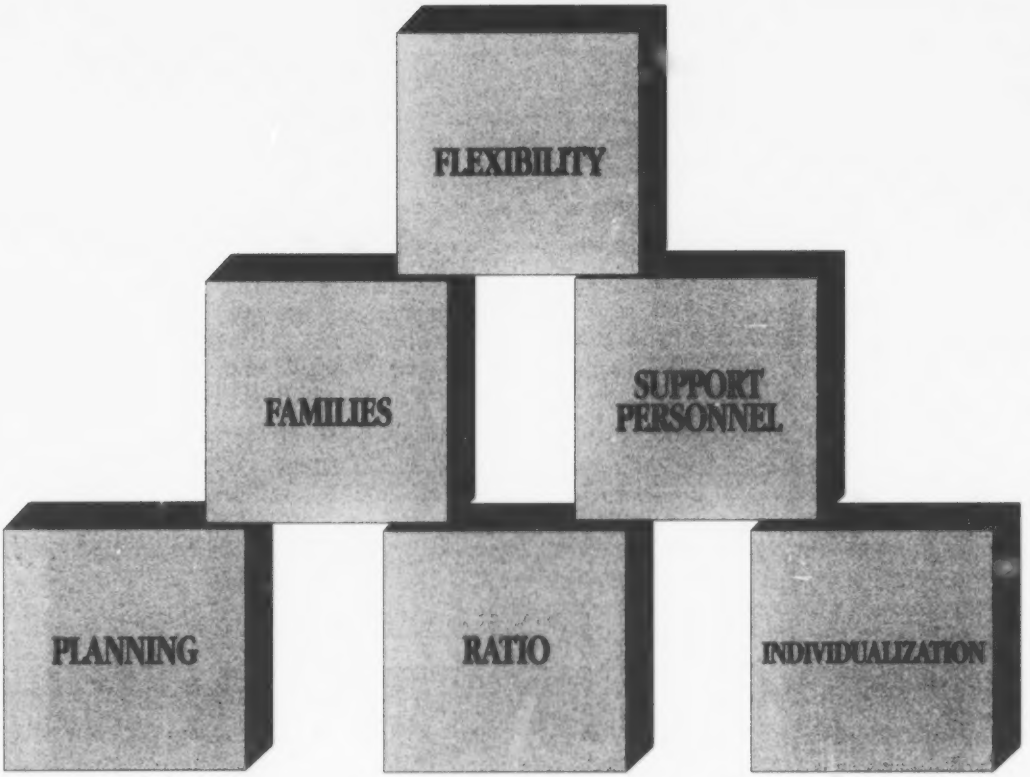
Representing and interpreting personal experiences and those of others—
role playing
dramatics
book making
mapping
planning

Understanding the relationship between representations and real things—
field trips
language activities

SAMPLE DAILY SCHEDULE

7:00	Before school program for children ages 3-12, general and exceptional education students-open play
7:30	Breakfast, special activity
8:20	Clean up
8:25	Outside or gym-riding toys, climbing structure, mats
9:00	Children enrolled only in before and after school program leave. Large group time-story, song, film
9:15	Small group time-story, song, cooking, experiments, concept awareness activities dealing with language, math, social studies...
9:40	Planned activity
10:15	Recess
10:30	Planning time
10:45	Work time
11:40	Recall and feedback time
12:00	Lunch for children who will be staying for the afternoon; Some children leave for other afternoon programs; Some children arrive who have been in other morning programs.

BUILDING SUCCESSFUL INTEGRATION



MAKING INTEGRATION WORK

Educational research clearly indicates that mainstreaming and integration have no detrimental effects on young children (Hanline, 1985; Cook, Tessier, and Armbruster, 1987). Effective integration does require specific conditions related to instructional strategies, as described by Cook, Tessier, and Armbruster (1987). These are:

1. Systematic planning: well-planned, structured programming that facilitates cross-peer interactions. The teacher systematically creates interactive play situations which reinforce those interactions. Environment and toys available should be such that they promote interaction.
2. Appropriate ratio: the number of children with and without disabilities placed in the same program. There is no set ratio, although it has been suggested that in an integrated program one-third of the children should have special needs.

EXAMPLE OF STANDARDS FOR PUPIL-TEACHER RATIOS IN EARLY CHILDHOOD-SPECIAL EDUCATION CLASSES

Minimum recommended staff for the various service delivery models and the additional staff necessary for including severely handicapped children under age 2-1/2. A caseload must not exceed the program's ability to implement individualized education programs for the children enrolled.

	NUMBER OF CHILDREN	APPROVED TEACHER EC OR ECH*	PARAPROFESSIONALS	ADDITIONAL STAFF FOR SEVERE OR YOUNG CHILDREN**
CENTER-BASED GROUP MODEL		**SPECIAL CLASSROOM**		
	1-4 handicapped	1 ECH	0	1
	5-6 handicapped	1 ECH	1	1
	7-8 handicapped	1 ECH	1	2
		INTEGRATED CLASSROOM		
	12 (1-5 handicapped)	1 ECH	1	1
	12 (6-8 handicapped)	1 ECH	2	1
	18 (6-12 handicapped)	2 ECH	2	***
		REGULAR CLASSROOM		
	18 (3 handicapped)	1 EC 1 ECH Consultant	1	1
HOME-BASED INDIVIDUAL MODEL	8 handicapped	1 ECH	0	Not Applicable
	14 handicapped	1 ECH	1	
	20 handicapped	1 ECH	2	
	26 handicapped	1 ECH	3	

*EC = early childhood teacher certification; ECH = early childhood-handicapped teacher certification.
** Children who are severely handicapped or under age 2-1/2.
*** This group size is not recommended for severely handicapped or very young children.

Source: *Early Education for the Handicapped in Kansas: A Planning Handbook*, 1982, Topeka: Kansas State Department of Education.

3. Developmental level/chronological age: put young children with disabilities into a class of nondisabled children who are a little younger to lessen the developmental gap.
4. Individualized, structured learning experiences: children are not expected to learn as a group. The teacher plans curriculum according to the strengths and weaknesses of individual students. Progress is then determined by individual accomplishments.
5. Partnership with parents and teachers working together to enhance the preschool experience for all children involved: quality preschool programs include significant parent involvement.
6. Supportive services: seek assistance or advice from specialists when questions or concerns arise.
7. Supportive personnel: provision of teachers' aides and volunteers where possible to increase the amount of individualization.
8. Flexible and open to change: each child is different, each teacher is different, each program is different, as well as each situation; therefore, there must be a constant search for new and different ways to serve children.

Curriculum planning that emphasizes positive social interactions is an important element in successful integration. Teachers can set up situations in which children learn by observing each other (peer modeling), reinforce each other (peer reinforcement), and learn directly from each other (peer tutoring) (Hartup, 1982). These roles benefit children with and without disabilities as they learn from each other and gain in self esteem.

A final instructional strategy that warrants examination is type of involvement. Jenkins, Speltz, and Odom (1985) listed four types of involvement for children with and without disabilities. Each of these types may be successful, depending on the situation, including such factors as: age of children; developmental level of children; number of teachers and other staff available; ratio of children with and without disabilities; and type of activity planned for that setting. The four types of involvement are:

1. Proximity model: children without disabilities are placed in exceptional education classes and treated as high functioning children and occasionally used as models.
2. Cooperative model: children with and without disabilities are given activities to do that require interdependent interactions.
3. Systematic "imitation" model: children without disabilities are prompted, in a planned and organized way, to demonstrate appropriate behaviors.
4. Confederate model: children without disabilities act as assistant teachers in the classroom.

Interactive play situations encourage cooperation.

ARE YOU READY TO MAINSTREAM A CHILD IN YOUR CLASS?

- Do you have toys, materials and activities that encourage cooperation and cooperative play?
- Is your room clearly organized?
- Are the goals for your activities clear?
- Do you have an open relationship with the exceptional education teachers?
- Do you have a plan for communicating with the exceptional education teachers?
- Are you ready for an exciting challenge?

LEARNING CENTERS

Many teachers have found that learning or activity centers are an effective way to organize a classroom for young children. This type of environment allows children to participate in a variety of activities by making choices. The following suggestions for setting up and working with learning centers have been developed by the Pennsylvania Department of Education and reprinted with their permission.

Step-By-Step With Learning Centers

1. Start with one or two learning centers at the beginning of the year. (Remember: Take It Slow.)
2. Select the topic or content of each center. Be sure the content relates to program objectives.
3. Develop a number of activities for each center. Only introduce one or two activities at each center to start. Activities should represent a variety of developmental skill areas and range of levels.
4. Limit the number of children at each center. Use population cards with hooks for children's names, velcro for name tags or clothespins with names.
5. Provide guidelines for selecting center activities. Incorporate a central planning board using one of the following:
   - Pegboard with pegs
   - Hooks for name tags
   - Clothespins with names
   - Pocket charts to hold names
6. Decide on rules for moving to next activity, such as completing original activity and putting equipment/materials away first.
7. Design a system to check to see if children are at the center they have selected. For example, yarn necklaces can be color-coded by center so that teacher can easily spot whether children are at appropriate center according to their selections.
8. Identify number of required activities over a period of time (daily, weekly). This is more effective with 5 and 6-year-olds. Post these expectations on a wall chart.
9. Develop a daily activity schedule which outlines designated time periods for learning centers.
10. Develop a plan for grouping children for learning center and teacher-directed activities.
11. Coordinate a schedule for assigning parents, senior citizens, paraprofessionals and aides to teaching and/or learning center assignments.
12. Identify free choice materials that children can select from if they finish an activity early.
13. Establish a procedure for dealing with a child's occasional unwillingness to select a center or join a group. It is suggested that the child be required to sit with the group or at a center even if the child chooses not to participate. Although the child is not actively involved, the opportunity exists for observation and consequently for learning. Many times a child will be drawn into the activity due to the enthusiasm of the other children.
14. Develop a skills assessment plan.

15. Develop a plan for recording progress of each child.
16. Arrange room to allow space for learning centers.
17. Code materials at center to designate a specific place for each one.
18. Introduce the activities for each center to the children during large group planning time or in small group sessions. Discuss:
    - Rules
    - Center selection techniques
    - Choices of activities (use pictorial or written directions on charts)
    - Expected behavior
    - Care of equipment, materials
    - Clean-up procedures
19. Evaluate children's progress.
20. Report progress to parents.
21. Gradually add activities to existing centers while incorporating additional centers, one at a time, into classroom environment.
22. Evaluate effectiveness of centers in meeting the needs of children.

MIXED INSTRUCTIONAL MODES*

The concept of providing a variety of instructional opportunities within the early childhood program is important if student interest and motivations are to be maximized. Young children need to change activity and materials frequently throughout the day in order to accommodate their relatively short attention spans. They need time to work independently as well as time to interact with their peers in group situations. Although children often need guidance in structuring their learning experiences, they welcome opportunities for pursuing their own ideas as part of free play time or learning center activities. The following grid may be helpful in planning a program which presents different instructional techniques:

	TEACHER-DIRECTED ACTIVITIES	CHILD-INITIATED ACTIVITIES
INDIVIDUAL ACTIVITIES		
SMALL GROUP ACTIVITIES		
LARGE GROUP ACTIVITIES		

*Pennsylvania Department of Education Guide

EDUCATION FOR ALL CHILDREN

Another aspect of research on the role of the teacher relates to the attitudes teachers hold about children. Children pick up on these attitudes as cues for their own responses. If teachers feel that integration is a positive experience it is more likely to be positive (Raver, 1979). Raver states that teachers need to:

1. Treat each and every child as a valued member of the class.
2. Discuss differences of children in an open, honest, sensitive, and caring way.
3. Answer questions about disabilities whenever they are asked and/or when children need more understanding.
4. Display genuine respect for each child and every child in the class.
5. Understand the unique needs, interests, and abilities of each and every child in the class.

The teacher's knowledge, understanding, skills, and abilities help to mesh a class of young children with and without disabilities into a working unit (Rogers, 1989). Both gender and racial identity need to be approached positively by the teacher. As early as age two, children are interested in gender identity and the physical characteristics of racial identity. This fits with their cognitive development and beginning ability to categorize. Simple, factual responses to children's questions are appropriate at this stage, which lasts until children develop more complex views of the world. Two, three, and four year olds need experiences which do not encourage stereotypes. Thus, girls and boys both wear pants, play with trucks and dolls, and cry when they are sad or hurt. A room rich in multicultural, nonsexist literature, music, pictures, and play areas will help children explore their possibilities. Just as young children wonder about the constancy of their gender, they wonder about the permanence of skin and hair color. Again, simple, matter-of-fact responses will satisfy the children without stifling their curiosity. Games which involve children looking in mirrors and and feeling good about their unique characteristics are helpful to all children.

By the age of five many children are familiar with cultural differences. Teachers help children celebrate these differences by providing activities which represent a wide range of cultures and illustrate the many similarities among all the children in the class. Food, language, literature, games, ceremonies and clothing are several ways in which children can experience cultural differences and similarities.

Food, language, literature, games, ceremonies and clothing are several ways in which children can experience cultural differences and similarities.

Children often need help learning the language of acceptance. They may be surrounded by stereotypes when they are away from school or through the media. A general feeling of respect and a class policy of acceptance set the stage for teachers to talk with children about feelings. Honest questions are always accepted, but children can learn ways to talk about their feelings and questions without making judgments. Teachers who role model this pattern find that children follow along.

All children, regardless of special learning needs, will benefit from a school and classroom environment that respects and celebrates cultural and individual differences, while maintaining a feeling of group cohesiveness. The goals of a curriculum dedicated to non-bias include enhancement of self-esteem and cultural identity, and emphasis on the values of cultures, and neutralization of the impact of negative stereotypes on children. This is a natural part of an approach to early childhood education that looks at the whole child. Social relationships and an awareness of the needs and views of peers are already a part of the developmentally appropriate curriculum. The

cooperative atmosphere which facilitates smooth integration of learning needs will also facilitate acceptance of other individual differences.

In a class where the environment for acceptance has been established teachers can introduce the topic of disability awareness and know that the children will be curious but respectful. Young children have many questions about physical differences. Most of these questions can be answered simply with an explanation of the equipment being used or the different way a task is accomplished. Young children may be unaware of the effects of a specific disability and may be confused about what is involved. For example, they may not realize that a person in a wheelchair can have a career and be a parent, or they may think that a person who has a hearing aid can not read. It is helpful for the teacher to give explanations that are consistent with those given by the child's parents and by the child him or herself. The child about whom the question is being asked should be given the opportunity to answer if he/she wants to. This can be a source of tension for that child, which the teacher acknowledges by being supportive of that child's feelings. When the teacher builds on the similarities and shared abilities of the children it reinforces the children's desire to play together. This is important for both groups of children.

GOALS FOR AN INCLUSIVE CURRICULUM

In her book, Anti-Bias Curriculum, Tools for Empowering Children, Louise Derman-Sparks (1989) lists six goals for an inclusive program. They are:

1. To provide an "inclusive" educational environment in which all children can succeed.
2. To enable children with disabilities to develop autonomy, independence, competency, confidence, and pride.
3. To provide all children with accurate, developmentally appropriate information about their own and others' disabilities and to foster understanding that a person with a disability is different in one respect but similar in many others.
4. To enable all children to develop the ability to interact knowledgeably, comfortably, and fairly with people having various disabilities.
5. To teach children with disabilities how to handle and challenge name calling, stereotypic attitudes, and physical barriers.
6. To teach nondisabled children how to resist and challenge stereotyping, name calling, and physical barriers directed against people with disabilities.

GOALS FOR AN ANTI-BIAS CURRICULUM

These goals are consistent with the goals Derman-Sparks, (1989) cites for an anti-bias curriculum which are excerpted below:

- To encourage children to ask about their own and others' physical characteristics.
- To provide children with accurate, developmentally appropriate information.
- To enable children to feel pride, but not superiority, about their racial identity.
- To enable children to develop ease with and shared respect for physical differences.
- To help children become aware of our shared physical characteristics-what makes us all human beings.
- To free children from constraining, stereotypic definitions of gender role so that no aspects of development will be closed off simply because of a child's sex.
- To foster children's healthy gender identity by enabling them to gain clarity about the relationship between biological identity and gender roles.
- To promote equality of development for both sexes by facilitating each child's participation in activities necessary for physical, cognitive, emotional, and social growth.
- To develop children's skills for challenging sexist stereotypes and behaviors.
- To affirm and foster children's knowledge and pride in their cultural identity.
- To foster children's curiosity, enjoyment, and empathetic awareness of cultural differences and similarities.
- To teach children to overcome any inappropriate responses triggered by cultural differences.

- To help children change discomfort and inappropriate responses to differences into respectful, comfortable interaction.
- To expand preschoolers' developing concept of fairness and feelings of empathy for each other.
- To foster children's critical thinking about stereotyping.
- To enable children to gain the tools and self-confidence to stand up for themselves and others against biased ideas and discriminatory behavior.

These goals can by addressed as an integral part of the curriculum. Books, dolls, manipulatives, dramatic play materials, activities, and room decorations are all ways to reinforce an anti-bias curriculum.

BOOKS should reflect a range of situations and people, including diverse ethnic/racial groups, persons of both sexes doing a variety of tasks and jobs, many different family income levels, configurations and lifestyles, and disabilities. An act as simple as changing the pronoun from she to he every other time a story is read about an animal can help reinforce the view that both females and males play roles in our lives. Illustrations should not be stereotypical and should avoid inaccurate information about cultures. Avoid consistent use of books in which the male characters always succeed and have the dominant role, as opposed to books in which both sexes are represented as capable. It is also important to be aware of vocabulary that portrays people in a stereotypical light, such as "primitive people."

DOLLS that represent a variety of racial/ethnic identities add to an inclusive classroom. A balance of male and female dolls is also important, with the female dolls wearing pants or a dress, not always a dress. Dolls that represent children with disabilities are available under the name of Hal's Pals (see list at end of this chapter for more information) and are enjoyed by children.

MANIPULATIVES such as people sets, family and community figures, games with pictures, and puzzles should reflect many cultural/ethnic identities, as well as gender roles that do not portray stereotypes. Colors of blocks and paint should include shades of brown and black.

DRAMATIC PLAY provides diversity. Settings should allow for children to try on a variety of roles, without regard for gender. Play foods should reflect ethnic diversity. Mirrors are an effective tool in dramatic play area as children explore costumes and roles.

DECORATIONS such as pictures that reflect families from many backgrounds are appropriate room decorations. This includes families with persons with disabilities, various family organizations (two-parents, different sex; one parent; extended family; two parents, same sex), and women and men doing household tasks and jobs.

ACTIVITIES are a key factor in an anti-bias curriculum including many activities which allow children to see themselves and others in a positive light. Activities such as those listed below help children see themselves positively, while reinforcing the value of others.

- Sharing photos of families.
- Visits by family members.
- Writing stories about families.
- Neighborhood walks.
- Cooperative work and play.
- Cooperative music and art experiences.
- Cooperative story telling.
- Celebrations that include music, dance, and food.
- Seasonal festivities that represent many cultures/ethnic groups.
- Multicultural media.
- Visitors from various cultures, ethnic groups.
- Artifacts from various cultures.
- Introduction of languages.
- Role plays.
- Visitors who are disabled.
- Class meetings to discuss common concerns.
- An awareness of the difference between the life of Mexican-Americans and Mexicans or Japanese-Americans and Japanese people, for example.

MULTICULTURAL AWARENESS*

A close look at the following chart in light of what is presently known about how children learn may provide some guidelines for fostering positive growth and development in the area of multicultural awareness:

HOW CHILDREN LEARN	TEACHING GUIDELINES
Children are aware of the racial or ethnic differences of other people at a young age	Encourage expression of feelings and questions in a positive way Encourage the sharing of family experiences with others as a way of learning about other cultures
Young children find it difficult to relate to the concept of state or country; these concepts are removed from everyday experiences and are too abstract	Begin with understanding cultures in neighborhood and surrounding community; concepts related to far off lands are more appropriate when child is older
Children demonstrate multicultural awareness through everyday experiences	Multicultural awareness should be an integral part of each learning experience; language development, social skills development and problem-solving activities may all include an awareness of cultural likenesses and differences Curriculum activities are child-centered rather than specific lists of objectives to be mastered Difficult to evaluate objectively; required teacher observation of the child in social interactions
Children easily perceive the attitudes of teachers and other adults	Understand own heritage and feelings regarding multicultural differences Broaden experience by establishing rapport with the families of participating children and becoming involved in the community Be aware of community resources and personnel who will also assist in multicultural awareness

*From Pennsylvania Department of Education Guide

RESOURCES FOR AN ANTI-BIAS CURRICULUM

Teachers act as role models for children as they learn to accept themselves and others. Children who are in an accepting environment, where they feel valued, will feel safe enough to look openly at others. There are several resources for teachers who are interested in pursing this aspect of their teaching. Resources are available from:

Anti-Defamation League
823 United Nations Plaza
New York, NY 10017
"Human Relations Materials for the School"

National PTA
700 North Rush Street
Chicago, IL 60611
"What to Tell Your Children About Prejudice and Discrimination"

Panel of Americans, Inc.
121 Avenue of the Americas, Suite 507
New York, NY 10013
Curriculum Guides

Jamie Kyle
Creative Classroom
Children's Television Workshop
One Lincoln Plaza
New York, NY 10023
Curriculum Guides

Afro-Am Education Materials
819 South Wabash Avenue
Chicago, IL 60605
Catalogue of books, records, dolls, posters, puzzles, and skin colored crayons

American Indian Resource Center
Huntington Park Library
6518 Miles Avenue
Huntington Park, CA 90255
Curriculum ideas

Choice Puzzles-Non-Sexist Puzzles for Children
1608 East Republican, # 1
Seattle, WA 98112
Puzzles

Community Playthings and Equipment for the Handicapped
Route 213
Rifton, NY 12471
Quality equipment for children

Education Development Center, Inc.
55 Chapel Street
Newton, MA 02160
Curriculum and in-service materials for teachers

Educational Equity Concepts
114 East 32 Street, 3rd floor, Room 306
New York, NY 10016
Curriculum guides and resource materials

Hal's Pals
P.O. Box 3490
Winter Park, CO 80482
Dolls of children with disabilities

Institute for Peace and Justice
4144 Lindell, Room 122
St. Louis, MO 63108

Lakeshore Curriculum Materials
2695 East Domingues Street
Carson, CA 90749
Multicultural dolls, puzzles, and materials

Navajo Curriculum Center Press
Rough Rock Demonstration School
P.O. Box 217
Chinle, AZ 86503
Materials on Navajo culture

The 52 Association, Inc.
441 Lexington Avenue
New York, NY 10017
Pictures of differently abled people participating in sports

CHAPTER 6
DESIGNING THE ENVIRONMENT

PHYSICAL SETTING

LEARNING CENTERS

PHYSICAL ENVIRONMENT CHECKLIST

MATERIALS

SPECIFIC TOYS AND EQUIPMENT

MODALITIES

STORAGE SPACE

ADAPTING ENVIRONMENTS

PHYSICAL SETTING

The actual physical setting impacts the type of integration possible. For example, in one school the kindergarten is on the second floor. The school was built in the early 1900's, long before elevators were a part of schools. Therefore it would be difficult to include a number of children in wheelchairs in that class. The trips down to the bathroom, cafeteria, gym, and playground would be difficult to accomplish. In this case the child in the wheelchair might feel more different than his or her peers because of the lack of a barrier free environment. The size of a classroom may also impact on the number of children enrolled in a classroom. In one school it was the low number of five year old kindergartners that provided the impetus for the integration of the multi-categorical early childhood class and the kindergarten. Rather than have a class of only 15 students the decision was made to integrate six children with exceptional education needs. In this case, the large size of the classroom made this very feasible.

At the end of this chapter there are sample floor plans for early childhood classrooms. The ideal classroom would have ground level access, room for children to move about freely, partitions that can be rearranged to suit the changing needs of the learning activities, areas for individual and small group work, shelves that make learning materials accessible to the children, and an abundant supply of learning materials. While any one classroom may have to work to achieve these elements, they are generally possible, given the creativity of most early childhood teachers.

LEARNING CENTERS

Learning centers have been found to be an effective organizational structure for early childhood classrooms. Well designed learning centers allow children to move freely around the room and to make choices between appropriate activities. Marion (1981) recommends that there be one third more space at the centers or areas than there are children. In other words, if there are 24 children in a class there would be would be 32 spaces. Some of these spaces would be for individuals, some for small groups, and a large group space. This lessens the amount of time that children spend waiting for an area and increases the amount of time that they are actively engaged.

Private areas include a space for independent reading or listening or a space for children to think or write. Teachers have designed private areas from refrigerator boxes, room partitions, bean bag chairs, or lofts. Teachers use their creativity and resources in many ways to provide children with a space to be alone for a time during the day. Not all children have a great need for this option, but some children need to "get away from it all" for a short time, returning to the group energized and ready to interact.

Space for small groups include block areas, sand and water tables, dramatic play areas, manipulatives areas, writing areas, art tables, or snack tables. Some teachers find it best to state the number of children allowed in any one area, and even post that number in each area. Other teachers feel that children learn from determining themselves how many is too many. The decision depends on the teacher and the students.

It is desirable to have an area in which the entire class can comfortably meet together. Such an area is used for opening and closing routines, dancing and other movement activities, and events which involve the most of the class. It works best if the area is free of furniture or has furniture that is easily moved. Teachers vary in ways to manage the group of children. Some use an individual carpet square for each child to sit on, others draw a large circle for children to sit on, perhaps labeling the circle with letters or symbols for the children to sit on, and others allow the children to congregate as they wish. Again, it depends on the teacher, the students, and the type of activity going on.

Both classroom practices and environment are involved in successful integration of young children. With the current emphasis on developmentally appropriate curriculum, teachers are sensitized to the need to provide experiences that nurture the development of individual children and help children learn

from each other. A classroom that is built on developmentally appropriate practices will go a long way towards successful integration.

All of the materials in an early childhood environment need to be sturdy and safe. It is desirable if materials can serve children at more than one developmental level, since that will certainly be the case in a class of many children. Furniture that is moveable and easily stored is helpful to the teacher. Learning areas can be separated by bookshelves, cubbies, dividers, pegboards, or even a piano. Clearly defined areas encourage children to play in that area without getting in the way of another area. However, some areas overlap quite nicely. For example, reading and writing areas are naturally linked. The needs and interests of the children in a particular class will determine much of what happens in the centers. This section includes checklists related to actual environments that are appropriate for young children. The list of toys and equipment is by no means exhaustive. It is a beginning, a place for teachers to start when assessing their readiness to integrate or their current integration efforts.

■■■

PHYSICAL ENVIRONMENT CHECKLIST

Classroom is organized into specific, clearly defined areas _____.

Materials are accessible to all children_____.

Materials are kept in consistent locations_____.

Materials are stored with visual labels_____.

Materials are stored with textured labels, when possible_____.

Floor coverings are well anchored _____.

Table space is available for children in wheel chairs _____.

Room arrangements are made clear to children_____.

Changes in room arrangements are made clear to children _____.

A range of ability levels is accommodated by the materials _____.

Materials are arranged ways that facilitate imaginative play _____.

Traffic flow allows for safe movement for all children _____.

Display space is at children's eye level _____.

Materials sufficient for several children are placed in each area _____

A wide variety of materials are placed in each area _____.

Multisensory materials are available for all children _____.

Open-ended materials are available _____.

The emphasis is on hands-on materials _____.

Adaptations for children with physical handicaps are in place _____.

Space is available for children to have private time _____.

A large group space exists _____.

■■■

MATERIALS

ART:
many types of paper
many types of drawing instruments and materials
glue, paste, tape, staples, paper clips...
easels
collage materials
scissors, left, right handed, as well as adaptive
clay and play dough

MANIPULATIVES:
puzzles that vary in difficulty
some puzzles with knobbed pieces
pegs and pegboards of many sizes
beads and string of varied sizes
abacus
parquetry pictures and blocks
all types of constructive materials
lacing cards
counters
cuisenaire rods
geoboards
unifex cubes

LANGUAGE ARTS:
books that vary in difficulty, including card board and cloth
paper in many colors, lined and unlined
pens, pencils, markers, crayons, chalk
place for written work to be saved
computer and writing software
children's dictionaries
word and picture cards
old stamps
tape
envelopes
rubbers stamps, self inking

MUSIC:
space for movement
record, tapes
musical instruments
headphones

SAND/WATER:
containers of many sizes and shapes
shovels, spoons, sticks, sifter
boats, cars, trucks
space for children in wheel chairs to be near table

DRAMATIC PLAY:
dress-up clothes that are easy to put on
clothes that fasten with velcro
purses, ties, jewelry
materials and props that support the classroom theme

WOODWORKING:
scrap lumber
saws
vice
hammers
nails
wood glue

SCIENCE:
plants
pets
rocks and stones
magnifying glasses
microscope
magnets
books

SPECIFIC TOYS AND EQUIPMENT

dramatic play props that allow children to take specific roles, such as beauty parlor; birthday party, clothing store, restaurant, or doctor's office
legos
large blocks
farm yard and animals
climbing toys
wagons
balls
lotto
pic up sticks
assembly toys
sand and water tables
wooden rocking boat
telephones
blocks
floor puzzles
large chalkboard and colored chalk
color bingo
collage materials
rhythm band sets
large cars and trucks

MODALITIES

When designing an early childhood environment, teachers are aware that children learn in different ways. We need to stimulate all of the senses to give children the full benefit of the curriculum. This includes having a classroom that is visually interesting and stimulating, with bright colors and displays of student art work, as well as fine art. Auditory stimulation is also a factor. Teachers design traffic patterns and place learning centers so children will be able to maneuver around the room without getting into each others way and causing loud disagreements. Quiet areas are placed near each other. The addition of music can enhance many activities, both active, stimulating music, and quiet, more soothing music. Marion (1981) suggests including olfactory stimulation by adding peppermint

extract to playdough, scented soap to bathrooms, and fresh flowers to a table. Tactile experiences are considered when part of the room is carpeted for quiet activities and part is left with a smooth, hard floor for block building or riding toys. Table cloths in the housekeeping area and area rugs can add tactile interest and help cut down on noise at the same time. When materials and toys are attractively displayed and accessible to children they are more apt to be used. Pictures of items on the corresponding shelf space make clean up easier for children and adults. Teachers who rotate materials find that a toy that has been taken out of circulation for several months seems brand new when it is reintroduced. The children have changed and may see the toy in a whole new light.

STORAGE SPACE

Sufficient storage space is helpful as teachers collect large amounts of "treasures" for future art projects. These may include pieces of wrapping paper, bows, bottle caps, yogurt containers, string, yarn, and toilet paper tubes. Some of these materials will be available for on-going creative art projects, while others will be stored away for a special project, such as a collage. Storage areas that house items used on a daily basis by children need to be easily accessible and organized in ways that allow children to clean up independently. Long term storage is needed for items that are used seasonally or for toys and materials that are used on a rotating basis. Children also need a space to store their completed projects, as well as an item brought from home for a little extra security, a library book that is to go home, and other personal belongings. This space may be a drawer, a cubby, or a large cardboard ice cream container. As long as it is big enough, sturdy, and accessible to the children it will work.

ENVIRONMENTAL CONSIDERATIONS

- Modifications should be attractive
- Space to display children's work
- Flexible arrangements
- Clearly divided interest areas
- Barrier free
- Space for small and large group activities
- Clear traffic flow
- Materials accessible for children

ADAPTING ENVIRONMENTS

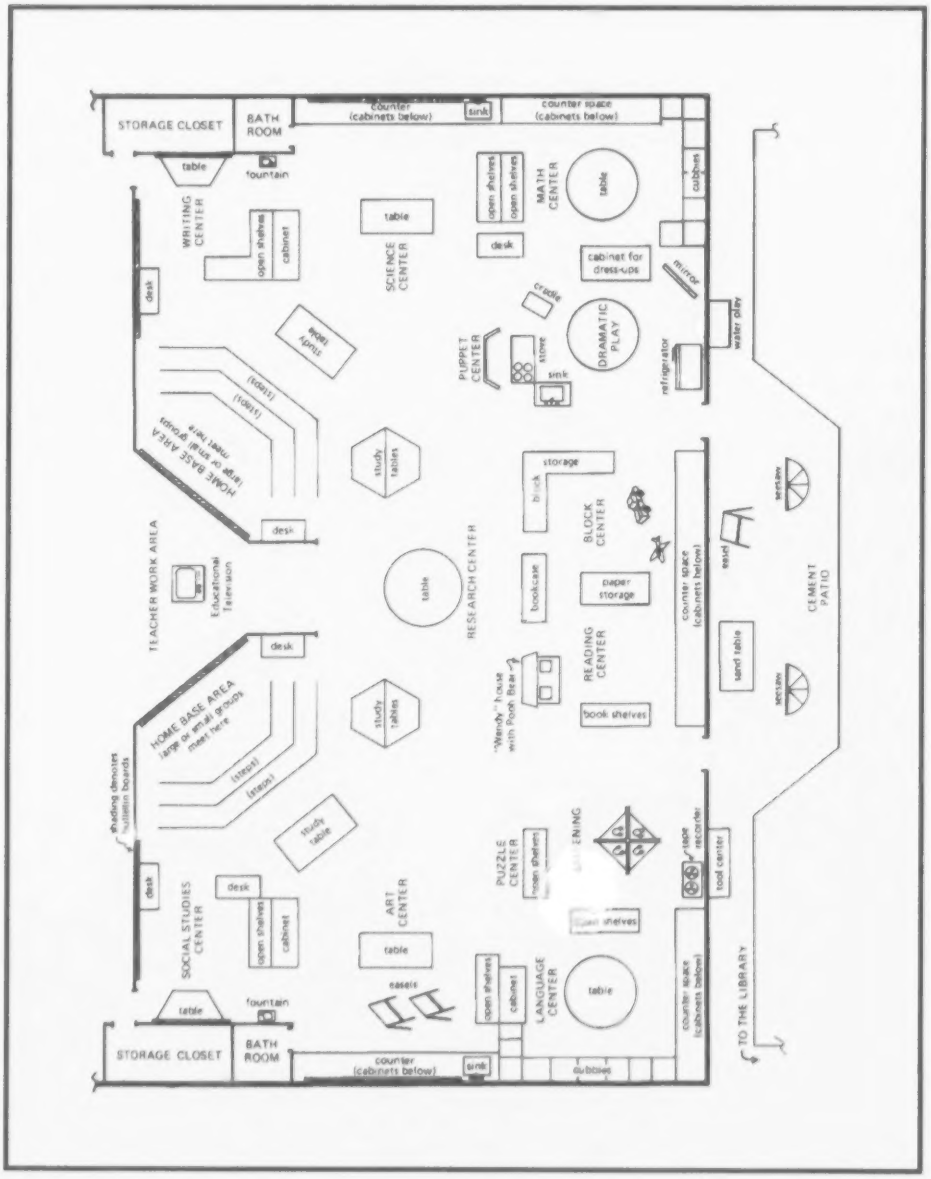
Teachers who know that they will be involved in integration will be interested in further information about environments that facilitate successful integration.

Cohen, Beer, Kidera, and Golden (1979) recommend these design principles for integrated classrooms:

1. Settings that are not noticeably different. Modifications for children with disabilities should be attractive and usable by others.
2. Common entry and circulation. All children should enter the school and the classroom from the same door.
3. Linked activity areas. Areas used by disabled and by nondisabled children should be close to each other.
4. Orderliness and consistency. There should be a balance between stimulation and calm.
5. Repetition and multiple coding. The environment should be rich in sensory stimulation and use repetition to help children grasp concepts.
6. Public display of accomplishments. Both effort and success are publicly acknowledged.

7. Individual work areas. For use by one child or a child and an adult.
8. Manipulable settings. Children can manipulate materials and make decisions about the environment.
9. Retreat areas. There should be a space for children who want to be alone for a time.
10. Places for informal socialization. These allow for informal and spontaneous interaction.
11. Range of environmental stimulation. Stimulation that meets the needs, interests, and abilities of all children.
12. Barrier-free. All children need to be able to move freely throughout the classroom.

Three examples of early childhood classrooms follow. Each teacher will make decisions based on the classroom available, other resources, and the children to be served.



Source: Early Childhood Education. Barbara Day and Kathy Drake. ASCD, Alexandria, VA., 1983.

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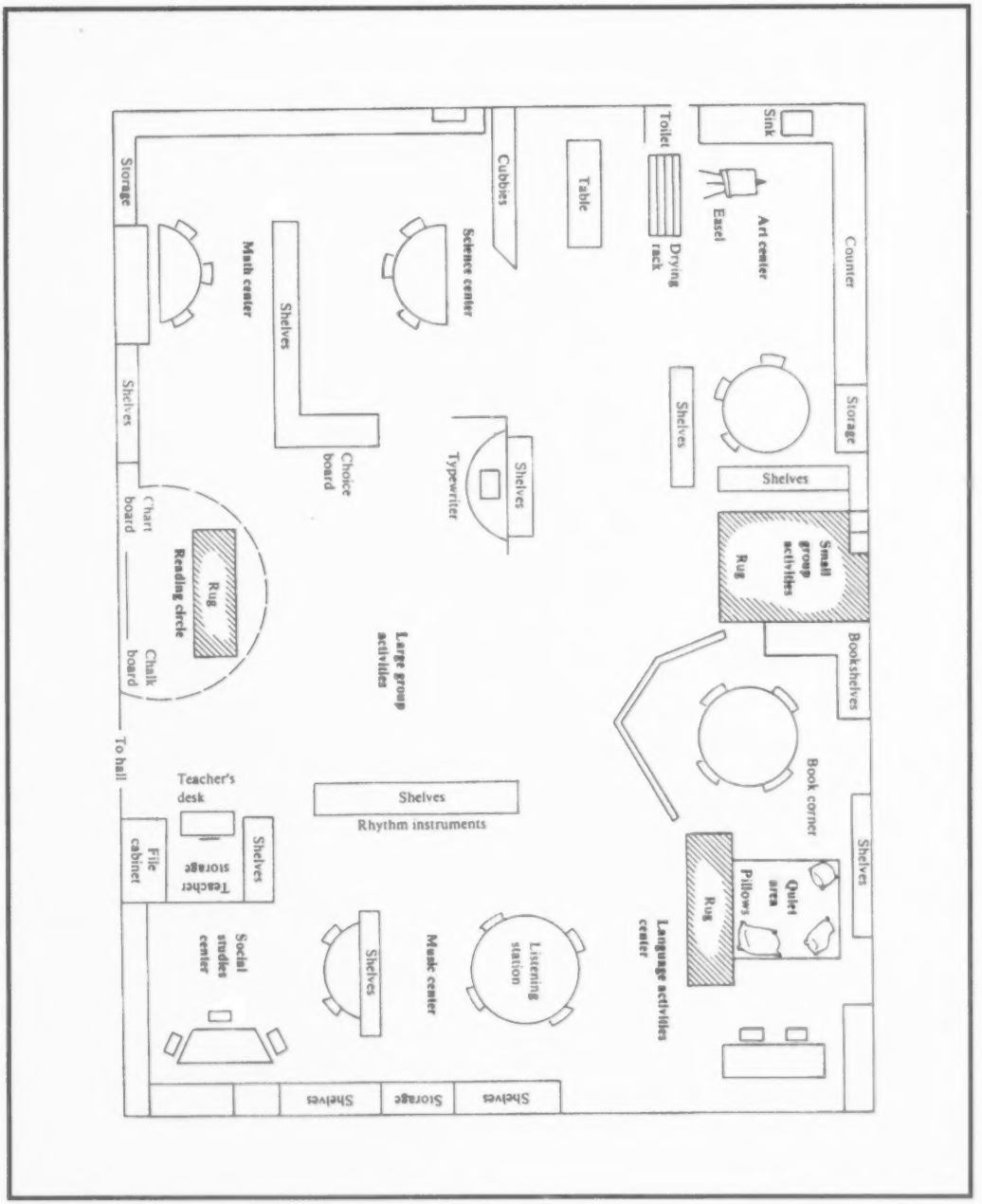
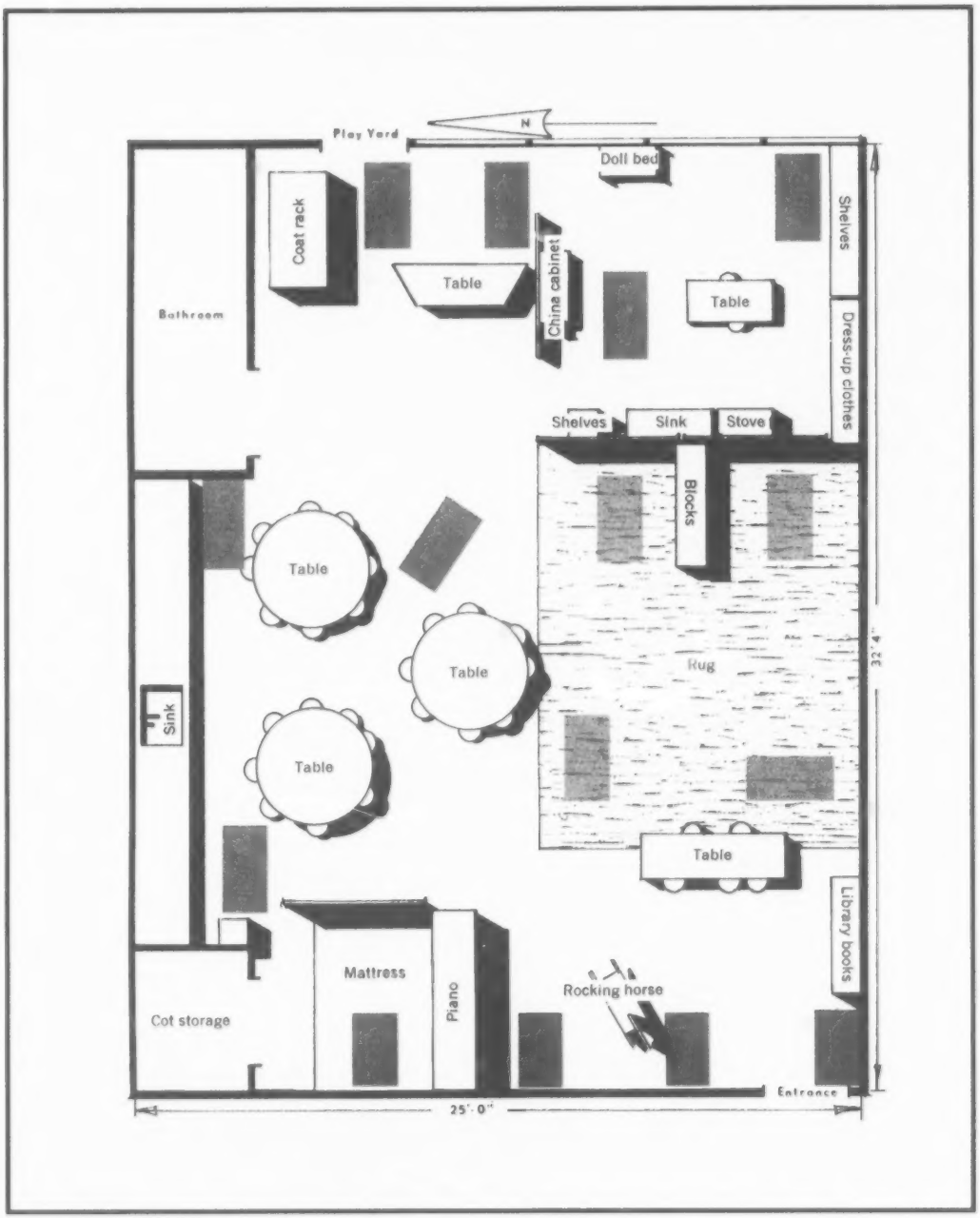


Source: The Early Years In Childhood Education Betty Broman. Houghton Mifflin Co., Boston, MA., 1982.



Source: Planning Environments For Young Children: Physical Space. Sybil Kritchevsky and Elizabeth Prescott with Lee Walling. NAEYC, Washington, D.C., 1988.

CHAPTER 7
DISABILITIES AND ADAPTATIONS

COGNITIVE DISABILITY

SPEECH AND LANGUAGE IMPAIRMENTS

HEARING IMPAIRMENTS

VISUAL IMPAIRMENTS

EMOTIONALLY DISTURBED

PHYSICAL DISABILITIES

GUIDELINES FOR ADAPTATIONS

PLAY IN AN INTEGRATED PROGRAM

CONCEPT AND SKILL ADAPTATIONS

CONTINUUM OF INVOLVEMENT

SAMPLE LESSONS AND ADAPTATIONS

The Education for the Handicapped Act (EHA) ensures free, appropriate education for all children. Specific disabilities are cited in the text of the law. Many teachers of general education students have expressed uncertainty about specific disabilities, both what is involved and what modifications would enhance appropriate programming. In this section areas of disability will be briefly described and general suggestions for integration will be given. The point must be made that, while there are certainly specific modifications to be made, depending on the areas of ability and disability, the overriding concern is that of developmentally and individually appropriate curriculum. Regardless of their labels, these children are first of all children and are approached as such.

Public Law 99-457, the Education of the Handicapped Act Amendments of 1986, is distinctly different from PL 101-476 in that it does not require children between the ages of three and five to have an identified label to qualify for services. While it is beyond the scope of this project to consider children below the age of three in any depth, it is relevant to point out that Public Law 99-457 established the Handicapped Infants and Toddlers Program (part H), which is directed to children between birth and three years of age who require intervention. These children may require intervention because they are showing developmental delays that are cognitive, physical, language and speech, psychosocial, or related to self-help skills. Children younger than three are also eligible for services if it is determined that they are at risk medically or environmentally for substantial delays if early intervention is not provided. This broad definition allows many more children to be served than would be possible if a specific label was required.

SPECIFIC AREAS OF EXCEPTIONALITY
(Definitions from National Information Center for Children and Youth with Handicaps.)

COGNITIVE DISABILITY

DEFINITION: Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

There are many different reasons that a child may have a cognitive disability. Common to all people with cognitive disabilities is the fact that they develop at a below average rate and experience some difficulty in learning. This difficulty extends beyond classroom type learning to skills used in everyday life. These difficulties may be seen when the child has a hard time following directions, remembering things, paying attention for extended periods of time, and applying knowledge learned in one situation to a novel situation. The extent of cognitive disability may range from mild to profound, with children who are profoundly cognitively disabled experiencing the most difficulties with learning and social skills. An important point to keep in mind is that these children can and do learn, develop, and grow.

Some general guidelines for working with children who have a cognitive disability are:

- Use concrete materials—hands-on activities.
- Break activities or tasks into small steps.
- Review often.
- Use short and simple directions.
- Give positive reinforcement for each small achievement.
- Reinforce right away.
- Show, rather than tell.
- Stick to consistent routines.
- Redirect the child who is acting inappropriately.
- Expect to have to teach some things to these children that other children pick up on their own.
- Encourage independence.
- Keep activities short and simple.
- Give limited choices, at first.

As you have probably noticed, these points are consistent with the principles of developmentally appropriate curriculum discussed in Chapters 2 and 3. While having a child with a cognitive disability in a general education class may require the teacher to do some advance planning, these children are fundamentally the same as the other children in the room and will benefit from most of the same activities that other three, four, and five-year-olds will benefit from.

SPEECH AND LANGUAGE IMPAIRMENTS

DEFINITION: A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a children's education performance.

Speech and language delays may be associated with other conditions, such as cognitive disabilities, hearing loss, or a physical disability. This is the area of highest incidence in children between three and five, affecting 5 percent of these children. Such a child frequently understands much more than she or he is able to communicate orally, which may in turn cause frustration. Careful observation by teachers will often identify a child who is delayed, as opposed to one who is within the range for normal development but is a bit behind peers. Speech and language delays include: stuttering that goes beyond that which is often seen in three and four year olds; articulation problems, such as "han" for "hand" or "thay" for "say;" misordering of words in a sentence; and voice disorders, such as hoarseness.

Presented with a child who has a speech or language delay the teacher needs to consider the importance of language in shaping the young child's world. The child needs a way to communicate with peers and adults that is not frustrating to the child or to the listener.

Some general tips for a teacher who has such a child in his or her classroom are:

- Show and tell, rather than just telling how to do something.
- Use clear, simple, step by step directions.
- Encourage the child to verbalize whenever possible.
- Give the child many opportunities to practice language, such as singing, using puppets, putting on skits, role-playing, and choral recitation.
- Model appropriate speech patterns and effective communication.
- Establish a safe environment, where the child feels it is safe to try out language.
- Accept all efforts at communication.

The nature of developmentally appropriate early childhood programs make them an excellent place for children experiencing speech or language delays. All young children are developing their language skills at individual rates. Activities that are appropriate for children progressing within the average range are also helpful for those children whose progress is delayed. A language rich environment is helpful for all young children.

HEARING IMPAIRMENTS

DEFINITION: A hearing impairment, whether permanent or fluctuating, which adversely affects a child's education performance or is so severe that a child is impaired in processing linguistic information through hearing with or without amplification.

The majority of persons with hearing impairments are not totally deaf. Most can be helped with a hearing aid and use of residual hearing. A hearing loss may affect only certain sounds or pitches. There are four types of hearing loss: conductive, sensorineural, mixed, and central. These are defined as:

CONDUCTIVE: caused by diseases or obstructions in outer or middle ear, usually resulting in a mild to moderate loss which can be helped with the use of a hearing aid or medically.

SENSORINEURAL: caused by damage to the inner ear, resulting in a mild to profound hearing loss. The use of hearing aids often produces distorted sounds that make successful hearing impossible.

MIXED: a combination of conductive and sensorineural.

CENTRAL: caused by damage to the central nervous system, either in the pathways to the brain or in the brain.

Hearing impairments may be caused by illness, an accident or heredity. Teachers are often the first to notice a mild hearing loss, as they become aware of a child who is not responding to auditory input in the classroom. The child who does not look up when the teacher calls his or her name, seems to wait for other children to begin after directions are given, or whose speech is not developing normally, signals the teacher to contact the parents about a possible hearing loss. These losses are frequently related to ear infections in young children and should be investigated by the child's doctor.

If you have a child with a hearing loss in your classroom, you and the child will find it helpful if you:

- Show the child, as well as tell.
- Avoid unnecessary background noise when you want the child to focus on you.
- Use visual aids.
- Seat this child near the front during group activity, facing the speaker.
- Stand close to the child, raise your voice somewhat.
- Talk slowly and distinctly.
- Seat the sign language interpreter, if there is one, so that the child can see the teacher, the interpreter, and any visual aids.
- Use gestures to highlight your speech.
- Encourage speech development.

VISUAL IMPAIRMENTS

DEFINITION: A visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

Visual impairments range from the situation in which the child needs glasses to the need for full use of Braille. The latter is extremely rare. The frequency of visual impairments increases with age, with many more older people needing glasses than younger ones. In fact, only one tenth of one per cent of all school age children require exceptional education services related to a visual impairment (Safford). Visual impairments are not necessarily associated with learning difficulties, although a severe visual impairment results in uneven development that is usually delayed in the early years of life. This is a result of the lack of visual stimulation, nonverbal cues, and even seeing one's peers in order to initiate contact. Early childhood teachers may be the first to be aware of the visual impairment. They may notice that the child squints, blinks, or rubs his/her eyes frequently; holds objects very close to the eyes; has headaches or dizziness; trips over small objects, or misses small details in visual presentations. It is important for adults working with children with visual impairments to become familiar with how the child uses his or her eyes, what he or she can see, what level of listening skills the child has, or how the child compensates for the lack of visual information. With this knowledge the teacher is able to plan for integration more successfully.

If you have a child with a visual impairment in your class, you will find it helpful if you:

- Arrange the room with clear and open pathways.
- Maintain a consistent room arrangement.
- Walk the child through the room when it is rearranged.
- Light the room well.
- Tell, as well as show.
- Use a multisensory approach, let the child feel objects.

- Label shelves with raised pictures.
- Set up rope pathways outside for the child to follow.
- Make pathways of thick masking tape along the wall for the child to follow.
- Have the child work mainly in small groups.
- Work with therapist to help child use what vision he/she has.

These points will help the child feel safe and more able to take risks in the classroom. They are all consistent with the principle of individually appropriate curriculum. It is very possible to fully integrate a child with a visual impairment in a regular early childhood class, with extra attention to some of these details.

■■■

EMOTIONALLY DISTURBED

DEFINITION:

1. A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behavior or feelings under normal circumstance; (d) a general pervasive mood of unhappiness or depression; or (e) a tendency to develop physical symptoms or fears associated with personal or school problems.
2. The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

The definition for emotional disturbance is long and involved, and includes several types of children. Characteristics you may observe include: short attention span; impulsivity; acting out aggressively; withdrawal from peers or adults; temper tantrums; or inappropriate crying. All of these characteristics are seen in children at one time or another. The identifying characteristic with children who have an emotional disturbance is the frequency and duration of the symptoms. True emotional disturbance is relatively rare in children under the age of five, but if you do have a child with behavior problems in your class, you will find it helpful if you:

- Enforce consistent rules and consequences.
- Maintain a structured schedule.
- Explain events, activities, and changes clearly and in advance.
- Encourage positive social interaction.
- Reinforce the child frequently and consistently with something that the child values.

There are a number of positive strategies for redirecting young children's behavior. Only after redirection has been unsuccessful, should time out be considered. If time out is used, it should be a time away from reinforcement, rather than a punishment. A successful procedure is:

1. The teacher explains, ahead of time, that inappropriate behaviors will result in a time out.
2. When a time out is called for, the child is taken to a time out area without embarrassment, lectures, or stigma.
3. The time out period is short and the end is clearly marked.
4. At the conclusion of the time out, the teacher makes sure that the child understands the connection between the time out and the behavior.
5. After the time out, the teacher makes sure that the child engages in a behavior that will lead to positive reinforcement.

Anything that the child enjoys may be used as a reinforcer. For some children this may mean extended time in the block area; for others, it may be a short time alone with the teacher.

PHYSICAL DISABILITIES

DEFINITION: A severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly (e.g. club foot, absence of some member, etc.) impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns which cause contractions).

Physical impairments may occur at birth or may be due to an accident, such as a car accident. As you would expect, there is a large variation in the characteristics of children with physical disabilities. A child may have difficulty moving all or part of his/her body, may use a wheelchair, may have difficulty controlling part of his/her body, may use braces or crutches, may have difficulty walking or may appear to be clumsy. Physical disabilities are not necessarily associated with cognitive delays. These children will most likely be served by a physical or occupational therapist, or both. These people will be a great resource for the classroom teacher, providing information about adapting equipment or activities.

Teachers who have a child with a physical disability in their classroom will find it helpful to:

- Arrange the physical environment so that materials are accessible to the child.
- Make sure that all the children are aware of safety rules regarding any special equipment.
- Provide clear pathways.
- Arrange the environment to reduce the need for unnecessary movement by placing supplies that are used together near each other.
- Encourage the child to take acceptable risks, rather than being over protective.
- Learn how to lift the child, if that is necessary.
- Provide many opportunities for coordination practice.
- Plan activities in which the child will be able to fully participate.
- Adapt other activities to allow for partial participation.

As we have seen in all of the discussions about special needs, the points that make integration more successful are also appropriate for other children in the classroom. Having a child with special needs may require some adaptation of environment or activities, but it does not mean writing an entirely new curriculum. Practices of developmentally and individually appropriate curriculum are appropriate for all children, even those with physical, sensory, cognitive, or emotional disturbance.

GUIDELINES FOR ADAPTATIONS

P.L. Safford (1989, pp. 237-238) has established guidelines for use as teachers adapt instruction for young children with disabilities. These guidelines are:

1. Expect and provide for differences in time required for individual children to complete tasks.
2. Help the child to attend to the task through such strategies as:
   - Visually highlighting the task.
   - Reducing or eliminating distractions in the environment.
   - Providing visual cues or signals, accompanied by verbal cues.
   - Using appropriate levels and types of prompts.
   - Establishing regular and predictable routines.
   - Identifying certain types of activities, and behavior appropriate for those activities, with specific areas of the classroom.
   - Using eye contact and, when culturally appropriate, encouraging the child to maintain eye contact with you when you are speaking.
3. Encourage and provide direct experience with actual materials.
4. Use direct instruction techniques selectively when they are appropriate for individual children in specific situations, especially

when introducing new and unfamiliar tasks, including such strategies as:

- Use task analysis to determine the specific skill components required for the task and the sequence with which they need to be performed.
- Assess the child's current level of skill mastery in the hierarchy required for the task.
- Focus on discrete, observable behavior.
- Provide appropriate reinforcement, determined through observation of the individual child, contingent upon correct response.
- Maintain continuous data collection.
- Use error correction procedures to prevent practicing of incorrect responses.

5. Employ a multisensory approach, using visual, auditory, tactile, kinesthetic, and where possible and appropriate, even taste and smell modalities.
6. Model and demonstrate, rather than relying entirely on verbal directions, and arrange and group children so that peer modeling and demonstration can occur.
7. Introduce tasks of manageable scope, building gradually through consistent success.
8. Provide opportunities for repetition and practice.
9. Use general case programming principles in teaching concepts and skills for generalization, by using examples and enabling practice across various:
   - Object exemplars and materials (e.g., many different types colors, sizes, and shapes of cup; various ways of opening and closing, etc.).
   - Settings and times.
   - Social contexts.
10. Select these based on the present and future environments in which the child will need to apply the concept or perform the skill.
11. Recognize and reward appropriate behavior and good work.
12. Help the child learn to use language to gain mastery over his environment, identify and understand his feelings, and regulate his own behavior.
13. Encourage choice and help the child move toward increasing self-selection and independence.
14. Select activities, when possible, based upon the child's current functioning, rather than always needing to help the child adapt to the activity.

As the reader familiar with developmentally and individually appropriate practices knows, these guidelines are in keeping with sound practice for all young children. For example, all young children learn through direct contact with materials and benefit from a multisensory approach. They learn through practice with a variety of materials and in a variety of settings. The use of language is a key part of early childhood programs for all children. The guidelines by Safford make explicit what early childhood professionals know is important for children.

PLAY IN AN INTEGRATED PROGRAM

As discussed in the Instructional Strategies section of this Resource Guide (Chapter 5), play is a valuable part of any early childhood curriculum. Saracho and Spodek (1987) have listed four points about the value of play for children with special needs. Play is valuable because it:

1. Aids in development of gross and fine motor skills, higher level of social skills, and increased language skills.
2. Aids in achievement of educational goals.
3. Aids in reduction of socially unacceptable behavior.
4. Offers enjoyment.

Thus, with some careful consideration of safety factors and appropriate selection of material, play is an important part of the integrated early childhood classroom. Materials need to be available for four types of play:

1. Physical play
2. Dramatic play

3. Manipulative play
4. Simple games (Saracho and Spodek, 1987).

Given the goal of positive social interaction, it is important that toys be selected that encourage cooperation and group effort. Toys that are easy for the child with special needs to use will be more inviting than those which lead to frustration. Like all young children, children with special needs learn best from concrete, hands-on experiences, and the selection of toys should reflect this. It may be necessary to teach children with cognitive delays how to use materials or equipment that other children seem to know how to use from day one. This teaching will include modeling of appropriate behaviors, pointing out ways that other children are interacting with the materials, suggestions for play scenarios or actions, and specific suggestions for toy use. Successful play experiences are emotionally satisfying and build positive self-esteem, as children interact with their peers in ways that develop social skills and relationships.

Andrew Gunsberg (1989) suggests teaching strategies for simplifying sociodramatic play, the type of play that promotes the most sustained social interaction among young children. This may be necessary in an integrated setting because children with developmental delays may lack the impulse control and symbolic thinking required for sustained sociodramatic play. As teachers play with young children, Gunsberg puts forth five principles to follow:

1. Allow time for exploration and experimentation. During this time the teacher observes how children interact with materials and what ideas seem to interest them.
2. Recognize the discovery of an interesting play idea. Through observation of smiles, laughter, interested facial expressions, and repetition of actions the teacher determines an idea that will interest the children.
3. Encourage repetition to establish the play format. This allows the children to learn the behavioral sequence needed for participation in the play. At this time the teacher has an opportunity to introduce more abstract or involved thematic elements for the non-delayed children.
4. Model the play format for new children entering the play. The teacher prompts the children to observe the play before joining in. Successful entry into the play sequence requires imitation of the established play sequence.
5. Incorporate elaboration while retaining the play format's essential structure. It is up to the teacher to extend the play in new directions while monitoring links between the new and old play format. This helps the delayed children continue their involvement while stimulating the non-delayed children to new levels of play.

These principles promote successful integration in sociodramatic play, a type of play that encourages social interaction. An example of this sequence could be found in a typical housekeeping area of an early childhood classroom, as illustrated in the following sequence:

1. The teacher observes the children as they interact with new materials in the housekeeping area. A picnic basket, paper plates and cups, and a checkered tablecloth have been added today.
2. Seeing that the children enjoy loading and carrying the picnic basket, the teacher becomes aware that a play sequence involving those elements is likely to be successful.
3. The teacher comments on the actions of loading the basket in preparation for a picnic. The basket is then carried to another section of the room, where it is emptied for a "picnic." The teacher, aware of the needs of the non-delayed children, encourages them to add elements related to the picnic, such as ants or a playground (the climber and slide in the classroom).
4. When another child attempts to join in, the teacher encourages her to observe the play and defines the role that the new child will play.
5. The teacher is actively involved in the play and maintains the format of preparing for and going on a picnic, while adding elements of more complexity for those children who are ready and able to expand. This could include a pond and boat ride (boat made of blocks) or a sudden storm, requiring shelter.

ADULT INVOLVEMENT IN PLAY

If children are to experiment, test, and practice through play, they need an atmosphere conducive to play, materials for play, and the opportunity to use them. Above all, they will need adults to accept their play as worthwhile and to appreciate the work and effort that goes into their play. A supportive adult responds to a child's initiations in play and expands the scope of play while still allowing the child to take the lead.

Children with disabilities may require additional assistance from adults to acquire social play skills which are critical to their successful integration with nondisabled peers. They may also need direction to develop more elaborate play or a wider range of play activities which they can then use to master skills in other areas of development. While we are acknowledging the need for adult involvement, we emphasize that the ultimate goal is that the child's play become as self-directed as possible.

The following framework was designed to assist you in determining the appropriate types of involvement needed in children's play activities. Once you have set the stage for play, observe each child's play activities and abilities to determine what level of adult involvement is needed. Most likely you will move back and forth along this continuum; in fact, this is desirable, as you evaluate the ever-changing amount of adult involvement needed to enhance play in a supportive manner.

MANIPULATING THE ENVIRONMENT FOR PLAY

Post photographs of children engaged in a variety of play activities. Such a play chart can give children an idea of what they may want to do.

Provide a balance of raw materials which the child can shape to his/her own purpose (i.e., paper, blocks, clay) and finished materials which can also be used by more than one child at a time (e.g., dolls, plastic animals, cars, truck and dishes).

Some children will need realistic props to move through a play sequence, but as play abilities grow stronger, provide abstract props which can be used in a variety of ways requiring children to be more creative. (A yard of white netting could be a veil, a fish net or a cloud.)

ENCOURAGING AND REINFORCING

Look on in a supportive and accepting manner, ready to assist if needed.

Offer nonverbal cues of approval (head nod, wink, smile, etc.) to reinforce children at play.

Reinforce children engaged in cooperative play activities by making a positive statement such as, "You two are playing so nice. I like the way you're sharing," or "Sam and Gina are building a house together, that's great!"

Encourage children to talk about their play (e.g., "Tell me about your drawing.") and review their play aloud or ask questions to promote incidental learning (e.g., "Can you pop the smallest bubble?").

PROMPTING & DIRECTING

Use a simple felt story, a picture book or a song to motivate children to enact a play theme together (e.g., after singing "Wheels on the Bus," the adult asks the children how they might "act out" the song).

Help children get started by assigning roles and/or defining the setting. For example, "Scott, you can be the cook, and Nancy, you can come to his restaurant for dinner."

Help children sustain their play by suggesting a new problem or adding new props, (e.g., two children don white coats and begin to fight over who will be the doctor. The adult takes two dolls over and asks the doctors to examine the "sick babies").

ASSISTING AND COACHING

Physically assist by moving the child into closer proximity of peers at play or assist the child in offering toys to peers, handling materials, etc. Coach the targeted child to approach a peer at play with rehearsed request to join in and supply him/her with positive phrases to reinforce the peer who responds favorably, (e.g., "It's fun to play with you").

Provide play materials that foster interaction such as toy telephones and pair the child with a more socially competent peer who has been "enlisted" to initiate and maintain the play activity.

PARTICIPATING AND MODELING

Assume a role in play, define a setting and encourage the child to adopt a reciprocal role (storekeeper/shopper or librarian/booklender).

Act as a co-player and ask the child to take on an identical role. (The child and teacher could both be passengers on a bus or shoppers at a store.) Guide the child through a short scenario and encourage him/her to play along.

Model a sequence of play behaviors with realistic objects. After repeating the scenario, invite the child to "take over" for you, (e.g., feeding the doll, wiping its face and putting it to bed).

CONCEPT AND SKILL ADAPTATIONS

Another area of adaptation is that of specific concept and skill development. The concept of letter shapes and sounds is a typical part of many early childhood classes. In this section you will experience ways to adapt this one concept to meet the needs of a variety of children who may be in your class. Following this specific adaptation will be further examples of the possibilities for lesson adaptation.

LETTERS – Adaptations for children with visual impairments:

- Use letters made of sandpaper.
- Have child trace letter with finger.
- Discuss characteristics of the letter.
- Compare two letters.
- Ask child to select one letter from a series.
- Ask child to match sandpaper letter to those written in black on white paper.
- Use letters made of fur, screen, textured corduroy, other textured materials.

LETTERS – Adaptations for children with hearing impairments:

- Letter Bingo, child holds card or calls letters.
- Tape recorder for child to listen to and record own voice.
- Using letter chart, child identifies letter by name, finger sign, or matching letter cards.

LETTERS – Adaptations for children with physical impairments:

- Use computer with Muppet keyboard (enlarged letter keys)
- Use letter stencils.
- Use alphabet stampers and inkpad.
- Use textured letters.
- Use typewriter.

LETTERS – Adaptations for children with cognitive impairments:

- Provide safe opportunities for child to write.
- Use repetition.
- Focus on the configuration of letters.
- Use textured letters.
- Help child learn key words to associate with letter sounds.

The above adaptations may already be part of your class. The approach emphasizes the similarity of learning needs among all young children. With an emphasis on hands-on learning at the child's pace the adaptations are not extreme. Letter recognition activities are common in early childhood programs, with the understanding that no formal reading instruction is to take place. Some children may be ready at age four to write their name, while others will have no interest in this at all. The techniques listed could be easily adapted for number or shape concepts. In this section we will look at two units that could be used in an integrated early childhood classroom and at ways specific activities could be adapted to meet the varied needs of learners. There are many early childhood activities that can be used with children with special needs with little or no adaptations.

CONTINUUM OF INVOLVEMENT

Lesson adaptation consists of several elements. Teachers who are aware of the range of developmental levels in their classroom, plan lessons and activities that are open ended enough to accommodate this variation. This may be done by having several stories to read, each at a somewhat different level. It may mean that the classroom is mainly arranged around learning centers, at which children can do a variety of things, based on their interest and ability. It may mean several small groups, with some individual attention from adults in the classroom. A classroom that is rich with play opportunities and hands-on learning will accommodate children who are functioning at different levels. The same child may well be functioning on one level in some areas of development and on a very different level in another developmental area.

Many early childhood curriculums are built around themes. A theme is a "focus of study derived from a topic, subject, or experience of high interest to a group of children." (Wald, P. "Adapting Your Preschool Program for Children With Special Needs," presentation at National Association for the Education of Young Children Annual Conference, Washington, D.C., November, 1990). Themes are most appropriate when they are relevant to the children in the class. This approach to curriculum is particularly appropriate for children with special learning needs because all elements of the day are related, allowing the teachers to make connections for the children throughout the day.

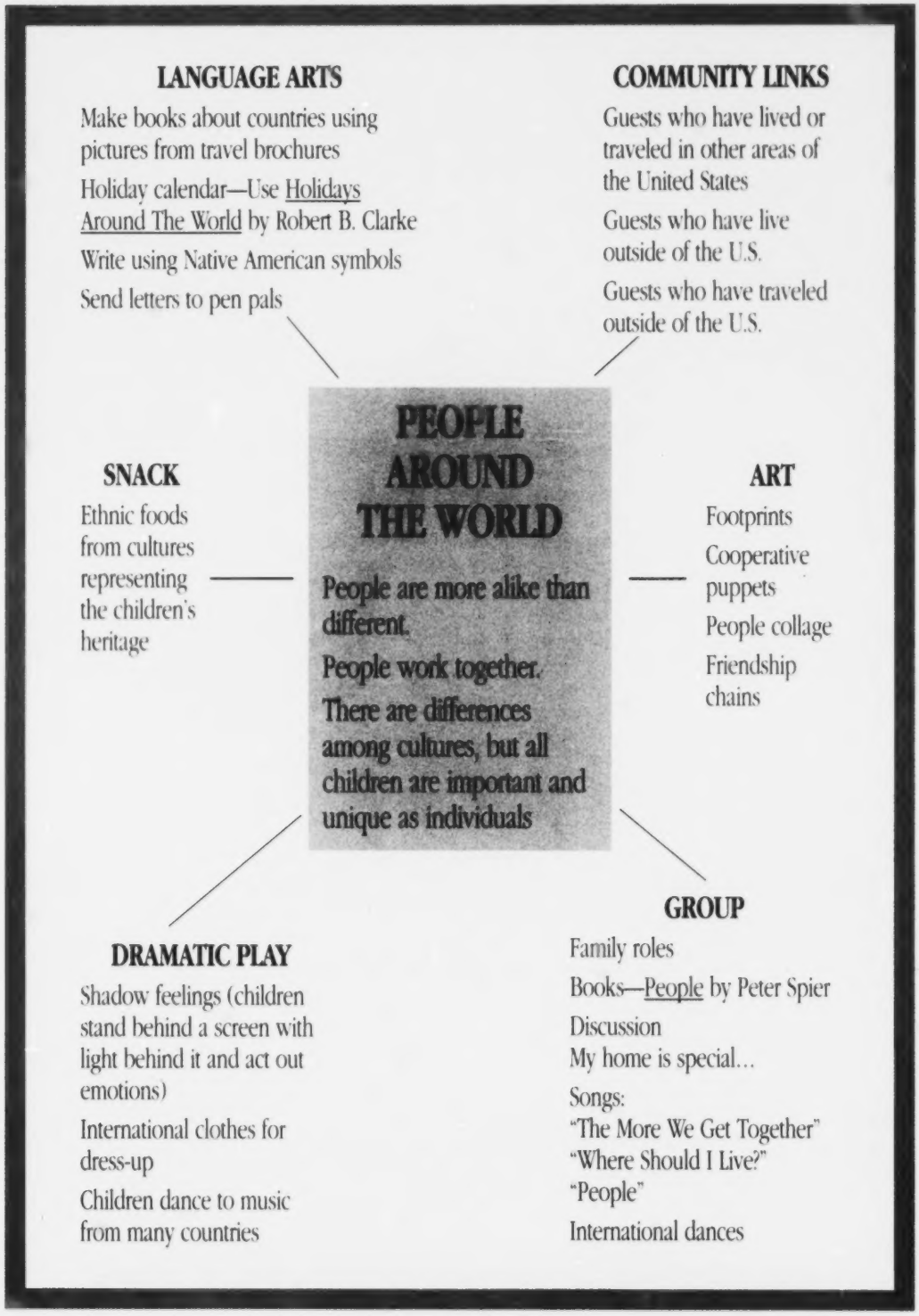
The principle of a continuum of involvement is based on the belief that children will be able to participate in different ways and will benefit from participation, even if it is not full participation. For example, a child may be able to successfully participate in an opening group activity for a few minutes without becoming distracted and needing to move away. Another child may sit with the group for the entire group time without participating verbally at all. Still another child will answer direct questions while a fourth will participate in all songs and ask questions about a story that is read. The teacher who is aware of these developmental differences will know that some children will benefit the most if they sit close to the teacher, that some children need to be asked very direct questions, while other children respond best when they are allowed to creatively describe an experience.

Another example of this principle involves projects in which some children are able to manipulate scissors and paste quite independently, while others are able to use adaptive scissors or may be limited to placing a picture or shape on a spot of paste. Close teacher observation and information that has been gained through testing will allow the teacher to know which children are able to be more independent and which children will benefit from working closely with an adult through each step of the process. All children are encouraged to do as much as they can and to stretch their abilities beyond what they might believe they can do. Effort is reinforced with specific encouragement, rather than general praise. The teacher may say, "I can see that you have used two different colors in your painting, and that you made big brush strokes." In this way, the child knows exactly what is being reinforced and that the emphasis is on process, rather than a particular completed product.

Shelves that are stocked with materials that range in difficulty allow children at different developmental levels to participate in the same type of activity. For example, several children could be involved in placing pegs in pegboards if the size of the pegs and the holes in the board varied. Some children will use thin pegs with boards that have many, many holes. Other children at the same table may use larger pegs and a board that has a more limited number of holes. In this way the children are able to work together on some of the same skills, at different levels. In this same way teachers can accommodate the varied needs of children by providing different props for children as they play. Some children will be content to swish their hands through the water in the water table while others will want boats or containers of different sizes. Some children will build simple block towers while others will build intricate cities. All of these efforts are reinforced verbally and nonverbally by the teacher. Several examples of continuums of involvement are included in Mainstreaming Ideas for Teaching Young Children by Judith Souweine, Sheila Crimmins, and Carolyn Mazel (1981).

SAMPLE LESSONS/ADAPTATIONS

Information about the ideas on this chart is found on pages 110-112.


LANGUAGE ARTS
Make books about countries using pictures from travel brochures
Holiday calendar—Use Holidays Around The World by Robert B. Clarke
Write using Native American symbols
Send letters to pen pals
COMMUNITY LINKS
Guests who have lived or traveled in other areas of the United States
Guests who have live outside of the U.S.
Guests who have traveled outside of the U.S.
PEOPLE AROUND THE WORLD
People are more alike than different.
People work together.
There are differences among cultures, but all children are important and unique as individuals
SNACK
Ethnic foods from cultures representing the children's heritage
ART
Footprints
Cooperative puppets
People collage
Friendship chains
DRAMATIC PLAY
Shadow feelings (children stand behind a screen with light behind it and act out emotions)
International clothes for dress-up
Children dance to music from many countries
GROUP
Family roles
Books—People by Peter Spier
Discussion
My home is special...
Songs:
"The More We Get Together"
"Where Should I Live?"
"People"
International dances

PEOPLE AND THE WORLD

ART

PEOPLE COLLAGE
Children cut pictures of people from magazines to paste on construction paper. Magazines should illustrate many cultures and ages, as well as males and females. If possible, pictures should include persons with disabilities.

FRIENDSHIP CHAINS
Children write their names on strips of paper. Names may be written for the children who don't write. The strips are connected to form a class friendship chain.

From Creative Resources by Judy Herr and Yvonne Libby (Delmar).

FOOTPRINTS
Materials:
- Tempera paint—many colors
- Long role or very large paper
- Tub of soapy water
- Pie pans

Procedure: Children dip their feet in pie pans of paint. Then, children walk on paper to form a "Rainbow of Friendship" or a "Circle of Friendship."

COOPERATIVE PUPPETS
Teacher sets up an assembly line for puppet production.

Materials:
- Paper bags
- Yarn
- Crayons
- Markers
- Fabric scraps
- Buttons, beads, feathers, etc.

Procedure: After everyone has a puppet, the children use them in creative dramatics.

From Integrated Learning Activities For Young Children by Susan Trostle and Thomas Yawkey (Allyn and Bacon).

GROUP

INTERNATIONAL DANCES
Spain—use castanets and wooden clappers
India—bells on ankles
Germany—clap hands, stamp feet
Japan—clap wood while dancing
Philippines—limbo
Hawaii—hula

"PEOPLE"
P is for people of all different races
E is for everyone from different places
O is for Oh! I'm glad I am me
P is for perhaps you're glad you are you.
L is for love that keeps us together
E is for ever and ever and ever.

From Integrated Learning Activities for Young Children by Susan Trostle and Thomas Yawkey (Allyn and Bacon).

"THE MORE WE GET TOGETHER"
(tune- "Have Ever You Seen a Lassie?")
The more we get together, together, together
The more we get together, the happier we'll be.
For your friends are my friends, and my friends are your friends.
The more we get together, the happier we'll be.

We're all in school together, together, together
We're all in school together, and happy we'll be.
There's _____, and _____,
and _____ and _____;
There's _____, and _____,
and _____ and _____.
We're all in school together and happy we'll be.

Fill in children's names as class sings song.

From Creative Resources for the Early Childhood Classroom, by Judy Herr and Yvonne Libby (Delmar).

FAMILY ROLES
Children bring in photographs of family members doing household tasks and fun activities. Children are led to discuss the tasks and activities that are common to their families and those that are different. Teachers

may help children role play the activities that are in the photographs.

From Integrated Learning Activities for Young Children by Susan Trostle and Thomas Yawkey (Allyn and Bacon).

"WHERE SHOULD I LIVE?"
Where should I live?
In a castle with towers and a moat? (make a point with arms over head)
Or on a river in a houseboat? (make wave like motions)
A winter igloo made of ice may be just the thing. (pretend to pack snow)
But what would happen when it turned to spring? (pretend to think)
I like tall apartments and houses made of stone. (stretch up tall)
But I'd also like to live in a blue mobile home. (shorten up)
A cave or a cabin in the woods would give me lots of space. (stretch out wide)
But I guess my home is the best place! (point to self)

From Creative Resources by Judy Herr and Yvonne Libby (Delmar).

SNACK

BERRY "HAPPY" SHAKE- FINLAND
10 fresh strawberries
2 cups milk
1 1/2 T. sugar or honey

1. Wash strawberries
2. Cut into small pieces
3. Pour milk into mixing bowls
4. Add strawberries and sweetener
5. Beat 1 minute with egg beater
6. Pour and drink

From Many Hands Cooking by Terry Touff Cooper and Marilyn Ratner (N.Y.: Thomas Y. Crowell Co., 1974).

CUCUMBERS AND TOMATOES WITH YOGURT (INDIA)
2 medium cucumbers
2 green onions with tops, chopped
1 t. salt
2 tomatoes, chopped
1/2 clove garlic, finely chopped
2 T. snipped parsley
1/2 ground cumin
1/8 t. pepper
1 cup plain yogurt

1. Cut cucumbers length wise into halves
2. Scoop out seeds and chop
3. Mix cucumbers, onions, and salt
4. Let stand 10 minutes
5. Add tomatoes
6. Mix everything except yogurt
7. Cover-refrigerate 1 hour
8. Drain
9. Fold in yogurt

MIDDLE EAST DATE AND BANANA DESSERT
1 cup pitted dates, cut up
2 thinly sliced bananas
2-3 t. finely shredded lemon peel
1/2 cup half-and-half
sliced almonds (optional)

1. Alternate layers of dates and bananas
2. Sprinkle with lemon peel
3. Pour half-and-half over top
4. Cover and refrigerate at least 4 hours
5. Sprinkle with almonds
6. Serve

From Betty Crocker's International Cookbook (N.Y.: Random House, 1980).

GENERAL ADAPTATIONS

ART

1. Use precut pictures for children with developmental or physical delays that make it difficult for them to cut.
2. Use glue sticks or easily squeezed glue.
3. Place child's foot on paper if child is unable to walk.
4. Use hand prints in addition to foot prints.
5. Puppet pieces may emphasize textures, may be precut, and may be attached with partial help from adult.

GROUP

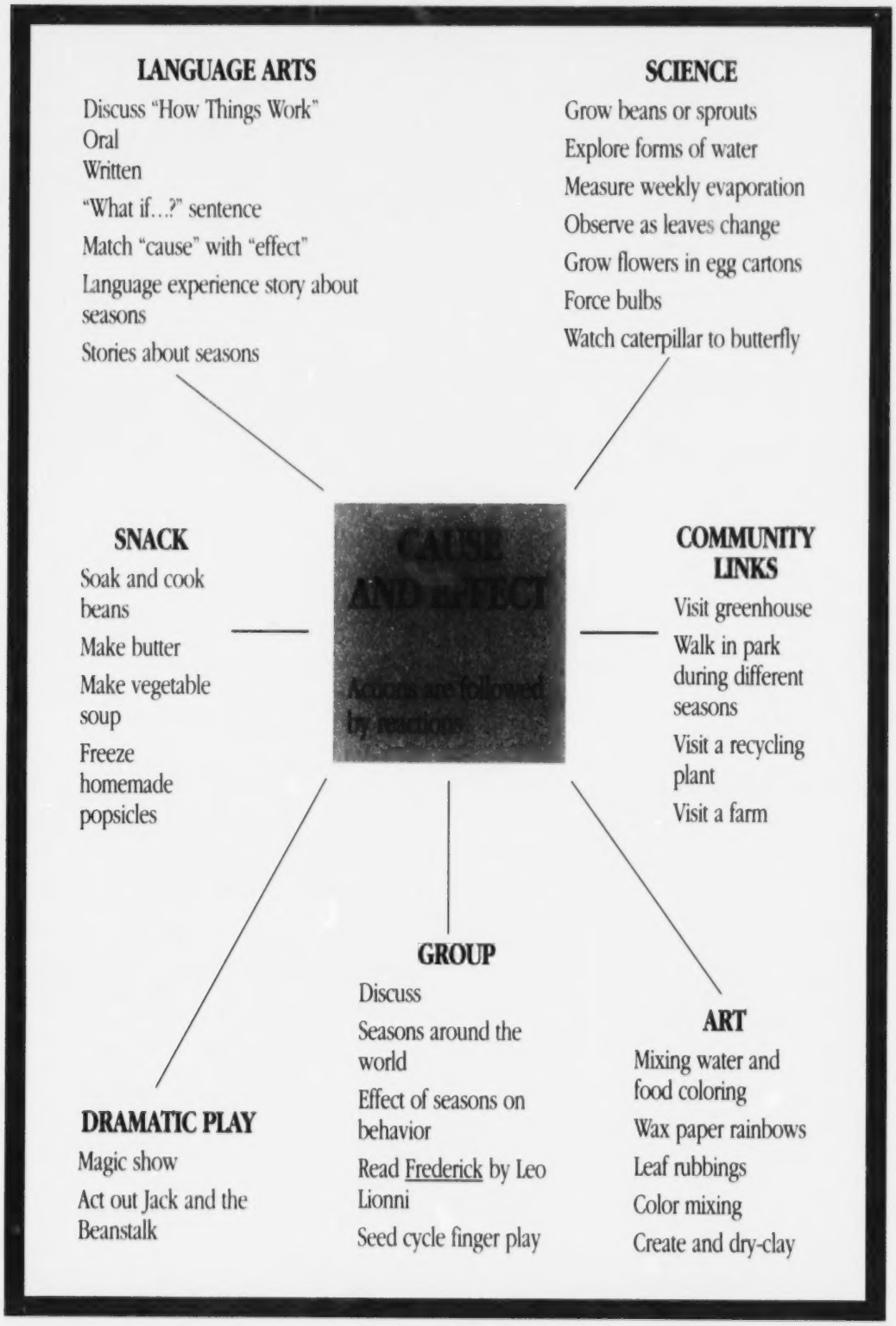
1. Some children may make music while others dance if they are unable to dance. Music may be made by using musical instruments or operating a tape recorder.
2. Teacher may move child's wheelchair in time to music.
3. Teacher models actions to songs, physically prompting children.
4. Children are encouraged to speak in sentences.

5. Teacher models role playing, including vocabulary use.
6. Teacher asks questions that elicit discussion from children who have language delays.
7. Group may be with only part of the class, perhaps 4-6 children while other children are independently involved at learning centers.
8. More capable children may be paired with children who are having difficulty. They can serve as role models.
9. Teacher makes sure that children with special needs are able to exhibit their areas of strength.

SNACK

1. Ingredients may be premeasured into amounts for individual snacks for ease of preparation. This also allows children to participate at their own speed, rather than waiting for a turn with a group.
2. Instructions can be written and illustrated in simple language, with pictures that clearly illustrate amounts and ingredients.
3. Children with different abilities work in pairs.

Information about the ideas on this chart is found on pages 114-118.



CAUSE AND EFFECT

LANGUAGE ARTS

CAUSE AND EFFECT
Give children pictures of events and ask them to determine the effect. For example: ball heading towards window; something added to overflowing bag; person about to step in puddles. Give children objects to determine effect. For example: mixing colors; pounding playdough; dropping block. Discuss cause and effect, with a focus on vocabulary development.

HOW THINGS WORK
Put several items in a box. Children remove item and describe how it works. Example: magnet, wind-up toy; battery operated car. Children may describe orally or in writing. Teacher emphasizes vocabulary and concept development.

WHAT IF?
Ask children to reflect on, discuss, and write about "what if?" questions. Example: What if my hair turned blue? What if I had ten arms? What if cars had square wheels? Responses may be made into a language experience chart story. Children may illustrate responses. Questions may relate to theme that class is currently working with and bring in a variety of subject areas.

ART

RAINBOWS
Materials:
- Wax paper
- Crayon shavings
- Warm iron

Procedure: children make a rainbow from the crayons shavings on the wax paper. Teacher applies warm iron.
Discussion: effect of heat on crayons shavings, what happens if a whole crayon is ironed, what happens to a crayon in a pants pocket in the dryer.

FOOD COLORING AND WATER
Materials:
- Food coloring
- Clear cups, half filled with water
- Stir stix

Procedure: children make different colors of water by squeezing a few drops of food coloring into each cup of water, more colors can be made by adding a different color.

Discussion: effects of mixing different amounts of different colors.

COLOR MIXINGS
Materials:
- White, blue, red, yellow paint
- Small cups
- Brushes
- White paper may be in various shapes

Procedure: children mix small amounts of various colors of paint in several cups, then paint on white paper to observe the colors created.

Discussion: effects of mixing different colors, what happens if white is added.

CLAY
Materials:
- Clay

Procedure: children work clay until soft and then create with the clay, clay can be dried for long lasting items.

Discussion: effects of temperature of hands on clay, effect of air on clay, effects of working with clay.

COMMUNITY LINKS

PARK
Walk in park during different seasons to observe seasonal changes on trees, animal life, ponds, temperature, clothing needed, and activities of other people in the park. Make links between cause (temperature, moisture, etc.) and effect.

RECYCLING PLANT
Tour recycling plant and discuss effects of recycling. Follow with in-class paper recycling, with profits used for class treat.

GREENHOUSE
Tour a greenhouse and discuss effect of light, water, heat on various plants. Follow up with growing plants in classroom.

FOR ALL FIELD TRIPS
Follow up with language experience stories, thank you letters, pictures, captions for

photographs taken on trip, or journal writing. Tie in with class themes.

SCIENCE

WATER FORMS
Allow children to participate in making and exploring three forms of water; ice, water, steam. Children describe the characteristics of each form and the cause-effect relationship that occurs between forms.

GROW BEANS, FLOWERS, SPROUTS
Children participate in growing plants by planting seeds or monitoring sprouts. Each child has own plant and monitors its progress and the effect of sun, water, and light on growth. Additional plants are deprived of sun, water, or light to serve as a comparison. Children chart growth on graphs.

EVAPORATION
Equal amounts of water are placed in clear containers. The containers are placed in different areas of the classroom-in sun, near heater, in the dark. Weekly evaporation is noted and discussed.

LEAVES
Leaves and the ways they change can be observed in monthly walks to a park or on a nearby tree. Through discussion the causes and effects of these changes are brought out. Children may discuss these changes or write about them in personal journals, seasonal books, or class stories.

GENERAL ADAPTATIONS

LANGUAGE ARTS

1. Give children objects that relate to their experience and encourage descriptive language.
2. Use tactile items (small amount of beans in each of 2 cups, to combine in a third) for students with cognitive or visual delays.
3. Encourage vocabulary and use of full sentences in discussions.
4. Allow children time to reflect before responding, a minimum of 5 seconds wait time is effective.

COMMUNITY LINKS

1. Prepare children for trips by highlighting points of interest.
2. Give visually impaired child actual items to feel, such as bare branch or cold snow.
3. Arrange for trips that allow children with physical disabilities to participate.
4. For follow up writing-allow children to draw rather than write, use invented spelling, dictate to teacher, or contribute one idea to a class story.

ART

1. Use large containers for paint for child who may knock smaller container over.
2. Allow child to focus on different textures and hardness of clay at different stages.
3. Give child small amount of food coloring in eye dropper to avoid child squirting entire bottle.
4. Give child several pictures of rainbows or show book of rainbows, to illustrate concept.

SCIENCE

1. Allow child to feel ice, water, steam (must be carefully watched by adult).
2. Focus on texture of leaves during different seasons.
3. Plants may be watered with premeasured amount of water.
4. Make a chart to measure growth of bean plants.

COMMUNICATION

LANGUAGE ARTS

MAKE STATIONERY:
1. Decorate with stickers, stampers, stencils, markers, crayons, etc.
2. Use various sizes/shapes/colors of paper.

WRITE LETTERS/INVITATIONS:
Individual children participate in the ways appropriate for their ability level. Children:
1. Dictate to adult.
2. Write own letters.
3. Copy short message from model.
4. Attach pre-printed message.
5. Draw message.
6. Write with typewriter.
7. Write with computer.

8. Address envelopes.
9. Put letter in envelope.
10. Lick stamps or envelope.

MAIL LETTERS:
1. Invitations to party or show.
2. Pen pal letters to another school, in same city, country, or in another country.
3. Walk to post office or mail box.
4. Tour post office.

MAKE BOOKS:
Children participate in ways that are appropriate for their level of ability. Children:
1. Cut out pictures.
2. Draw pictures.
3. Write own words, using invented spelling.
4. Dictate words.
5. Paste on preprinted sentences and then illustrate.
6. Books are sewn, stapled, or bound in some other way.

DRAMATIC PLAY

POST OFFICE
Include:
- Old stamps
- Glue, paste
- Mail bag
- Letters, postcards
- Packages, paper, string,
- Play money
- Rubber stamps
- Telephone
- Cash drawer or register
- Sign

Teacher models process of buying stamps, mailing letters and packages, mail delivery, and receiving mail.

TELEPHONE BOOTH
Include:
- Booths made from large refrigerator boxes
- Telephones

Teacher models process of making a phone call.

LIBRARY
Include:
- Books written by children in the class
- Other books
- Magazines
- Pockets and check out cards
- Date stamper and ink pad

Teacher models process of selecting and checking out books.

BOOK PUBLISHER
Include:
- Variety of colored paper for covers
- 3 hold punch
- String or yarn
- Stapler and staples
- Lined and unlined paper
- Markers and crayons
- Pens and pencils
- Story starter cards

Teacher models process of writing a book, working in pairs to edit and revise, going from messy to final copy.

BOOK STORE
Include:
- Books written by children in the class
- Play money
- Cash drawer or register
- Other books
- Bags

Teacher models process of selecting and buying a book.

SCIENCE

SOUND SHAKERS
Children match self-correcting sound shakers. Examples: opaque jars containing rice, plastic beads, pasta, ball bearings, etc. Made self-correcting by matching colored dots on bottom of jar with keys.

ENVIRONMENTAL SOUNDS
Children identify sounds on tape recorder, i.e. door closing, water running, toilet flushing, pencil being sharpened, animal sounds, children's voices.

SECRET MESSAGES
1. Squeeze lemon for juice
2. Write message with cotton swabs and lemon juice
3. Pass message to friend
4. Adult irons message to make message visible

GROUP TIME

BODY TALK
When I smile, I tell you I'm happy (point to corners of mouth).

When I frown, I tell you that I'm sad (point to pulled down corner of mouth).
When I raise my shoulders and tilt my head, I tell you "I don't know" (raise shoulders, tilt head, raise hands, shake head).

From Creative Resources for the Early Childhood Classroom by Judy Herr and Yvonne Libby (Delmar Publishers).

"MY HANDS'
My hands can talk
In a special way
These are some things
They help me to say
"Hello" (wave)
"It's A-OK" (form circle with thumb and pointer finger)
"Come here" (beckon to self)
"Now stop" (hand out, palm flat)
"Look" (hands shading eyes)
"Listen" (cup hand behind ear)
Or "It's far, far away" (point)
And "Glad to meet you, how are you today?" (shake hand of child next to you)

From Creative Resources for the Early Childhood Classroom by Judy Herr and Yvonne Libby (Delmar).

ELIMINATE
Materials:
Household objects

Set-up:
Children seated in circle, each child holds an object
(2 or 3 children have the same object)

Play:
1. One child holds object behind his/her back.
2. That child describes object.
3. As other children realize that their object does not have those characteristics they stand up.
4. Only the children with the identical object remain seated.
5. Compare objects.
6. Exchange objects, choose a new caller.

From Integrated Learning Activities by Susan Trostle and Thomas Yawkey (Allyn, Bacon Publishers).

MAILING LETTERS
Sing to the tune of "The Mulberry Bush."
This is the way we mail a letter, mail a letter, mail a letter.
This is the way we mail a letter, so early in the morning.

From Creative Resources for the Early Childhood Classroom by Judy Herr and Yvonne Libby (Delmar).

POSTMAN
Materials:
Cards with pictures and words of body parts.

Play:
1. Children sit in circle.
2. Mail carrier delivers a card to a child.
3. Child moves that part of the body in any way he/she wants.
4. Other children identify body part being moved.
5. Child with correct answer is the next mail carrier.

From Creative Activities for Young Children by Mary Maysky (Delmar Publishers).

GENERAL ADAPTATIONS

GROUP TIME
1. Adult moves child's body for song motions. Use items that have obvious physical characteristics.
2. Use some larger objects with obvious physical characteristics. Prompt when necessary.
3. Speak slowly and distinctly, using natural speech patterns.
4. Focus on motions for songs. Name actions.
5. Stress simple vocabulary and use of sentences. Encourage conversation.

SCIENCE
1. Use textures, sights, and sounds to make materials self-checking.
2. Adult suggests possible clues and possibilities for environmental sounds.

DRAMATIC PLAY

1. Arrange environment with clear travel paths. Do not overcrowd areas.
2. Teacher models and reinforces play patterns.
3. Use of Braille writer.

LANGUAGE ARTS

1. Use stencils, 3D stickers, borders marked with glue that has dried to mark edges and sections of paper.
2. Use stampers with wooden handles, pre-inked stampers, large markers, borders marked with glue or string.
3. Allow time for children to reflect.
4. Use stampers for words and pictures, cut out dittoed words, copy words, dictate words to teacher.
5. Stress topics of interest to children.
6. Relate activities to themes.

CHAPTER 8
FAMILIES

FORMS OF INVOLVEMENT

FAMILY INTEREST SURVEY

FORMS OF INVOLVEMENT

NEWSLETTERS

These may be weekly or monthly and can be a vehicle for communication between school or day care center and the family. Themes that are coming up in the classroom, writing samples from children, upcoming community events that relate to families, birthdays, or art work by children can all be included in the newsletter. In this general way parents are kept informed about what is happening in their child's environment. While a school wide newsletter is one option, a newsletter for each classroom or a column for each classroom in a school newsletter gives the parents more of a focus. Many parents appreciate it when all communication from the school comes home on one specified day of the week. While occasional emergencies do necessitate some variation, it is helpful if parents know that on one day of the week they will be informed about upcoming events, field trips, bake sales, special days, fund raisers, and all of the many events that take place in school.

PARENT RESOURCE CENTER

A Parent Resource Center is a spot for parents to meet, work on classroom materials, make phone calls to other parents to solicit volunteers, or wait in a quiet place for their child. This encourages parents to feel at home in schools and day care centers. A resource center may also house a lending library for parents use. One visited for this project included three computers, software, a large collection of children's literature for ages 3 through fifth grade, math manipulatives, science materials, cassette tapes and players, and games. Parents can check out up to five items, including a computer and packages of 10-15 pieces of software, for periods of three weeks. Parents take turns volunteering to staff the center. A phone, a couch, a desk, and a box of toys for siblings makes the Parent Resource Center inviting to parents.

HOME VISITS

Home visits are an integral part of exceptional education classes for young children. A comment repeated by teachers and parents of children in several integrated classes was the benefit of home visits for both general and exceptional education three and four year olds. These visits may focus on a variety of topics. Some visits involve parents in educational activities similar to those experienced by their children, thus increasing parental awareness. Other visits may focus on parenting skills, behavior management, common objectives, or future educational placements. These visits take on increased importance with the implementation of PL-99-457 and its focus on the Individualized Family Service Plan (IFSP).

CLASS HANDBOOK

Each classroom within a school and a system has a unique philosophy and some unique aspects. This type of information can be included in a class handbook. While this need not, and probably should not, be a lengthy document, it is one that will be appreciated by many parents. Depending on the type of class the teacher will include different information. Possibilities include: opportunities for parent involvement; policies regarding snacks and birthday treats; annual field trips or other events; policies on bringing items from home to school; educational philosophy; appropriate type of clothing for the kinds of activities in the class; daily schedule; days that the children have special events (art, music); and information of themes that will be coming up during the year. The handbook serves as an introduction to the world of the classroom. More detailed information about many of the topics will be included in future class newsletters, but by introducing them early the teacher sets the stage for the future. The school may also have a handbook or policy book for parents that includes the school discipline policy, fire and tornado drill information, and information about snow days. The classroom handbook is a supplement to a school handbook. As such, it is more specific and personal. This may be a place to introduce the topic of mainstreaming to new parents. While mainstreaming will be discussed in other places, such as parent meetings, a handbook is a logical place to discuss this important aspect of the early childhood class.

PARENT MEETINGS

Parent meetings and parent-teacher organizations have long been a staple of many programs. Attendance is facilitated if transportation and child care are provided. Some parents appreciate an earlier meeting time, accompanied by a potluck dinner. Others prefer a 7:00 meeting time. It is important to survey the parents to determine the best time and day of the week. Some programs have decided to vary the day and time to try to reach more parents. An occasional grade level meeting often brings more parents to the school. Parents may feel that these specific meetings will be more relevant to their needs and interests. In addition to experimenting with time and date, parents and teachers can vary the format and topic of the meetings. Some may be mainly business meetings, discussing fund raisers and details of the organization. Other times a speaker on a relevant topic will draw a crowd. Some meetings may become make-it/take-it sessions for parents who want to make learning materials to bring home. When teachers attend parent-teacher organization meetings the parents are most appreciative. The message is clearly given that parents are important in this program, important enough that teachers are willing to give of their time to interact with parents.

Many teachers found it very effective to schedule some kind of event early in the school year for the parents in just their class. This might be an after school cookies and punch social, an evening potluck, or simply an evening get acquainted meeting. Held at the school with transportation and child care available, these meetings have several advantages. They allow the teacher to describe his/her philosophy of teaching and learning to the parents and solicit their support. They also give parents an opportunity to share their philosophies of school with the teacher and each other. At this time the teacher can solicit parent volunteers for field trips, classroom help, making materials, making phone calls, working on fund raisers, providing transportation for other parents to meetings, time in the parent resource center, and contributing old clothes to the class dramatic play area, among other things. Perhaps most importantly, this type of meeting gives parents the chance to meet the parents of their children's peers. Connections made early can grow over the course of the year. It seems that parents are more likely to attend meetings in the future if they have made a previous connection with someone who may also attend the meeting. This type of meeting is especially valuable for an integrated/mainstreamed program. Parents of general education students may have had little or no contact with persons with exceptional education needs. Parents often have more fears and misconceptions than young children. Given an early chance to interact with the exceptional education students and their families can alleviate some of these concerns.

PARENT VOLUNTEERS

There are so many ways that parents can volunteer in schools and day care centers. Opportunities range from classroom helpers to parents who save plastic bags or margarine containers for class projects. Parents may feel hesitant when they first enter the classroom, seeing it as "your" classroom. Teachers have found it helpful to hold an orientation for parents who are considering becoming a classroom volunteer. At the orientation the classroom routine can be explained and teachers and parents can brainstorm about ideas for parent involvement. Parents will feel more comfortable if they know where the glue is, what the bathroom rules are, where an adult bathroom is located, and some options for what to do if their assigned task is finished early. Parents want to know how much they can do in the classroom. Can they move onto to a another group if they finish with the group they're working with? Should parents discipline children? Do you have any advice for those parents whose children act out or cling when they see their parents? This type of orientation will encourage parents to feel welcome and needed in the classroom. The following list is limited only by space. With imagination many more ways could be added.

PARENT VOLUNTEERS CAN:

- Read stories to small groups of children.
- Decorate bulletin boards.
- Staff a resource center.
- Work with small groups on math concepts.
- Contribute dress up clothes to the classroom.

- Save containers, bags, buttons, boxes, egg cartons, etc.
- Take paper discarded by class to recycling station.
- Set up or participate in a phone tree.
- Attend school board meetings.
- Serve as a parent buddy to a parent new to the program.
- Take dictation from children as they work in journals.
- Care for class pets during vacations.
- Help with art projects.
- Share career or heritage information with children.
- Help on field trips.
- Organize monthly birthday parties.
- Give school tours.
- Type children's stories for books.
- Participate in class cooking projects.
- Teach a favorite game or song to a class.
- Share a hobby or skill with a class.
- Organize volunteer recognition event for other parents.

PARENT-TEACHER CONFERENCES

Parent-teacher conferences are a scheduled event in most schools and in some day care centers. These are in addition to the more informal contact that parents and teachers may have throughout the year. Parents of students with exceptional education needs also participate in annual Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) conferences and in Multidisciplinary Team (M-Team) meetings every three years. For some parents the scheduled parent-teacher conference is the only time they will be able or choose to come to the school. For this reason alone the conferences are very important. The tone set at the conference influences the parents' feelings about the school as a whole. Conferences are a time when teachers can share examples of what the child does during the day. This may include a series of art projects or written journals or actual photographs of the class in action. Examples that help the parents to visualize their child at school are meaningful. For example, the teacher may comment on the child's ability to share or be a good friend and then give a specific recent example to backup the comment. This is a chance for the parents to ask questions and to share what they are doing at home. The teacher who listens may pickup new insights about the children in the class from these discussions with parents. As with parent meetings, provisions for child care makes conferences more possible for parents. Some schools require children to attend the conferences. The children share what they feel about school and discuss goals for the next semester. Even young children can be meaningfully involved in parent-student-teacher conferences. Parent-teacher conferences that are scheduled only during the school day eliminate many parents. It is preferable to make evening times available on several days as well as times when school is regularly in session. Keeping to the schedule as much as possible is helpful to both teachers and parents. This is difficult when parents needs varied amounts of time. For some 20 minutes is sufficient while others may need a longer block of time. For those parents it is best to reschedule another time as soon as possible, rather than keep a line of parents waiting. Keeping a resource list of community agencies available for conference time is helpful for parents who have needs that go beyond the realm of the school. Parent-teacher conference time is also a time when parents can meet with music, art, physical education, and other resource teachers, as well as therapists involved with the children.

While conferences are not as common for children in day care centers, they are every bit as valuable. Some children spend eight to ten hours a day in day care centers. While parents may have short, informal discussions with staff at drop-off and pick-up time they appreciate the more relaxed atmosphere of a scheduled conference. Such conferences may include a discussion of the relationship between the day care center and the school the child attends, if that is the case. Parents and teachers will also want to discuss future placements for the child who will be leaving the center and going on to school. Day care staff who have worked with the child will have information on the child's learning style, peer interactions, relationships with adults, and developmental level, all of which is important as parents make decisions about future educational environments for their child.

FROM IFSP TO IEP

Families with children younger than three years of age who are enrolled in programs for children with special needs participate in an Individualized Family Service Plan (IFSP). This plan considers the strengths and specific needs of each participating family, along with a defined role for the family in the education of the child. Parents who have become accustomed to this level of family involvement will be prepared to participate in the writing and implementation of the Individualized Education Program (IEP). While IEP's do not necessarily specify family involvement, there is support for the continuation of family participation. The IFSP is an effective foundation for the IEP (Fowler, S.; Hains, A.; Rosenkoetter, S. 1990).

PARENT EDUCATION

The needs of parents who have enrolled their children in day care or school are many and varied. Another form of parent involvement is parent education or parent training, as it is sometimes called. This may take the form of an evening or morning series about effective parenting or child development. Or workshops related to specific topics may be scheduled. Popular topics include:

- Dealing with behavior problems.
- How to get your child to sleep through the night.
- Child nutrition needs.
- Summer with a young child-what to do?
- Preparing for a new brother or sister.

This format is also useful for educating parents about different areas of disability and the concept of mainstreaming. Parents of general education children and parents of special needs children will find that they have more in common than they have differences. Groups who have participated in this type of series may want to extend their contact with a support group or more social get togethers. Teachers can facilitate this and may be able to offer space and resources for group leaders or child care.

Parent involvement is a critical variable in school success, whether children are in general or exceptional education. The types of involvement discussed above are relevant for parents of different ages of children in different circumstances. All parents need to feel welcome wherever their children are being educated. Parents need information about the philosophy of the program and about the responsibilities of the teachers, support staff, parents, and children. Parents and teachers work together to make decisions about the education of children, each contributing from their unique perspective. In those situations in which multiple agencies have contact with the child there needs to be a sharing of information and insights. These agencies may include school, day care center, and social service agencies. Particularly when children move from one program to another, such as day care center to school, there can be a break down in communication between environments. This lack of continuity can be detrimental to the child and the family. Frequent, open communication alleviates this difficulty and insures consistent services for the child and family.

■■■

FAMILY INTEREST SURVEY

The Family Interest Survey*, originally developed by Juliann Cripe and Diane Bricker (Center of Human Development, University of Oregon, Eugene, Oregon) and adapted here, can be distributed to families early in the school year, or to new parents when their children enroll during mid-year. The survey can be modified to fit the needs and characteristics of the families involved in your program. By carefully reviewing the responses, you will learn ways in which families want to be involved, as well as ways you can support families.

A = Priority Interest

B = An interest but not a current priority

C = Not an interest at this time

CHILD INTERESTS

I AM INTERESTED IN:

1. Knowing more about my child's current strengths and needs, services and programs available.
   A B C

2. Knowing more about the professionals available for planning my child's program.
   A B C
3. Knowing more about my child's learning style.
   A B C
4. Knowing more about services and programs available in the future.
   A B C
5. Knowing more about child development (social, cognitive, motor, communication, self-care, physical and behavioral).
   A B C
6. Knowing more about ways to care for and help my child (nutrition, positioning, health, adaptive equipment, feeding, etc.).
   A B C
7. Knowing more about laws that affect my child, my child's rights, and how to be an advocate for my child.
   A B C
8. Participating in teaching activities designed for my child.
   A B C
9. Learning ways to manage my child's behavior.
   A B C
10. Opportunities to talk with my child's special teachers about my child's program. (Music, Art, P.E., Therapists).
    A B C

FAMILY INTERESTS

I AM INTERESTED IN:

11. Knowing more about ways to explain my child's needs to siblings, grandparents, other relatives and friends.
    A B C
12. Getting help for my child's brothers and sisters to understand special needs.
    A B C
13. Involving family and friends more in my child's care, program or free time.
    A B C
14. Finding formal support or information systems for my family or myself (counseling, stress management classes, etc.).
    A B C
15. Learning about ways to help my family support each other, discuss problems and find solutions ourselves.
    A B C
16. Gaining more support for myself (friends, counselor, family members, neighbors, partner, minister, etc.).
    A B C
17. Gaining more support for my partner (friends, counselor, family members, neighbors, partner or minister, etc.).
    A B C
18. Communicating more effectively about my child's and family's interests and needs with professionals and community agencies.
    A B C
19. Participating in recreation, leisure activities alone or with my family.
    A B C

COMMUNITY INTERESTS

I AM INTERESTED IN:

20. Meeting other families with children who have special needs, or are the same age as my child.
    A B C
21. Learning about parent support groups or groups specifically designed for families of children with special needs (United Cerebral Palsy, Muscular Dystrophy Foundation, etc.).
    A B C
22. Learning about resources or community agencies who could help with:

Medical care	A	B	C
Dental Care	A	B	C
Financial assistance	A	B	C
Food	A	B	C
Housing	A	B	C
Furniture, clothing, supplies	A	B	C

Transportation	A	B	C
Legal aid	A	B	C
Health insurance	A	B	C
Employment services	A	B	C
Vocational training	A	B	C
Crisis intervention	A	B	C
Toys, adaptive equipment	A	B	C

23. Locating community day care or preschools for my child.
A B C

24. Finding and using community recreation programs for my family or myself.
A B C

25. Learning ways to explain my child's special needs to others and knowing how to respond to their questions.
A B C

26. Including my child in community activities.
A B C

27. Volunteering with other families for projects.
A B C

28. Other interests or needs not included above:

_____

_____

_____

_____

29. For each item you listed as a priority interest (A), please identify the way you would like to receive the information, service, activity, or help:

a. Written or video information (pamphlets, handouts, tapes, books).

b. Individual discussion.

c. Family conference.

d. Group meeting, inservice, presentation.

e. Other.

**** Not all items apply for every family.***

There is general agreement that parent involvement is an important element in school success for all children. This is as true for children with exceptional education needs as for general education students. The forms of involvement discussed early in this chapter are the beginning of a list. Your list may be much longer and more creative. Try these ideas along with more of your own.

CHAPTER 9
STAFF DEVELOPMENT

This guide provides a compilation of strategies and effective practices which have been synthesized to assist educators, administrators, and child care providers as they develop or refine early childhood programs. Providing individually and developmentally appropriate early childhood education in integrated environments is a challenge. New skills must be acquired in order to respond to these challenges.

It is impossible to effect change and lasting improvement in any educational environment without a comprehensive staff development program.

No competitive "bottom-line" business in the private sector could be expected to compete, much less thrive, without investing in its "human capital." So, too, schools cannot thrive without investing in their employees. Unlike buildings, materials, and programs which wear out or become obsolete, teachers become more valuable as time and money are invested in developing their skills (Hunter 1982).

To be successful, staff development practices must deal with change at the individual and organizational levels. Change is a process, not an event. To be effective in producing positive change, the process of staff development must be based upon certain beliefs about individuals, organizations, and the change process. These beliefs or assumptions include but are not limited to the following (Sparks and Loucks-Horsley, 1989):

A. Staff development must be built upon the principles of adult learning.

1. Adults, in general, have a desire to grow, learn, and increase their competence.
2. Adults learn best when collegiality, choice, flexibility, direct experience and application, experimentation and the opportunity for practice and feedback are included in the design of staff development programs.
3. Adults grow and change in different ways. Successful staff development programs honor different learning styles, level of expertise/experience, and career stages by using a variety of delivery systems.
4. Adults cannot be forced to change. Adults will learn and change when they, themselves, recognize the need and are given appropriate encouragement and support.
5. Adults want to be actively involved in planning, delivering and evaluating staff development programs.
6. Adults are motivated to improve by intrinsic factors such as recognition, accomplishment, advancement, achievement and the nature of the work itself. Extrinsic factors such as salary, fringe benefits, and credits tend to encourage participation but do not necessarily motivate adults to change and improve.
7. Adults learn and grow differently. Staff development programs must, therefore, take many different forms. The following five models address the different career stages, learning styles, and purposes of staff development. All have value and should be included in any comprehensive staff development plan.

   a. *Individually guided staff development:* designed by the learner; often project oriented such as research or curriculum projects.

   b. *Observation/Assessment:* growth occurs through reflection and feedback; may take the form of clinical supervision, cognitive coaching or peer coaching.

   c. *Involvement in development/improvement process:* those closest to the job are asked to be part of a project to solve a problem; such as a school improvement process or curriculum development.

   d. *Training:* a workshop, course, or session conducted by an "expert" with explanation, demonstration, practice, feedback and coaching.

   e. *Inquiry:* cooperative study by teachers into problems and issues; involves data collection and reflection.

B. Staff development must be continuous and developmental in nature.

1. Staff development must be viewed as the sum total of formal and informal learning experiences accumulated across one's career.
2. Time for staff development must be provided within the traditional work day. Growth is limited when schools consider staff development something which is added on to the already crowded day. Proper time must be provided for professionals to refine and improve their performance.
3. Staff development which occurs over time will require continuing support and follow-up in order to promote lasting change.
4. Teachers must be afforded the opportunities to meet, discuss, solve problems, and do research within the context of the normal workday. The teacher team that comes together for the purpose of focusing on student needs is performing a teacher role as surely as when they spend time with a group of children in direct instruction.
5. Successful staff development programs allocate time based on the desired outcomes. Awareness is relatively quick and simple while behavioral change is complex and long term.

C. The culture and norms that exist in schools as organizations influence the degree of change that can be fostered by staff development.

1. In order for staff development to occur intentionally, there must be a shared vision of what school and learning are to be in the future.
2. Effective staff development needs an environment that promotes experimentation and risk taking.
3. Schools should be organized around the norms of collegiality and collaboration to reduce the isolation of educators. Collegial interaction among educators that allows them to discuss, observe, analyze, and study problems together is necessary if practice is to improve. Colleagues, helping one another, provide a powerful source of recognition and respect both for the helpers and for those who are helped.
4. When teachers and administrators individually attend courses, workshops, or conferences as their primary means of professional development, school improvement is limited. While these experiences are valuable and ought to be one aspect of any comprehensive staff development program, they are insufficient to help organizations achieve their collective goals.
5. The roles and responsibilities of teachers should reflect the expertise that resides in teachers and the fact that teaching is inherently a staged career. This expertise is best used when teachers assume differentiated roles such as teacher leaders, teacher experts, peer coaches, and mentor teachers.
6. Professional development must receive strong administrative support and active participation. Staff development cannot be built only from the top down or from the bottom up; support and participation must come from all levels.
7. The evaluation of professional development programs should be ongoing and multidimensional.

Comprehensive staff development efforts recognize the need for more powerful strategies if more powerful change is to occur for the individual, the school, and the district. Current staff development practices, often characterized by disconnected episodes, must undergo radical rethinking. For staff development to be a vehicle for change, planners must be sensitive to the needs of adult learners, programs must be designed to reflect the continuous and developmental nature of professional development, and the culture of the workplace must be conducive to change and growth. Simply put, teachers need time, schools need resources, and districts need program development assistance if staff development is to make meaningful change.

In recognition of the essential role staff development plays in improvement and reform, Opening Doors Through Integration includes three vehicles for implementation. These include a self-study guide, a training manual, and a train-the-trainer guide.

Contributed by Debra Taylor, Director, staff Development Center, CESA #1.

SELF-STUDY UNIT

INTRODUCTION

CHAPTER QUESTIONS

CASE STUDIES

LESSON PLAN ACTIVITIES

POLICIES AND PROCEDURES

INTRODUCTION TO SELF STUDY FOR EARLY CHILDHOOD RESOURCE GUIDE

The Self Study Unit may be used by an individual or by a group of teachers participating in in-service training. The Self Study Unit is divided into four sections.

Section One includes questions related to each chapter of the Resource Guide. These questions are intended to provoke reflection and discussion and may be used by an individual or as a topic for a sharing session.

Section Two details two case studies.

Section Three consists of lesson plans related to appropriate curriculum for children with special needs and general education students. Each case study or lesson plan is followed by questions for reflection or discussion.

Section Four describes policies and procedures related to referral and placement of children with special needs.

CHAPTER QUESTIONS

QUESTIONS—INTRODUCTION

1. Review the components of PL 101-476. How do these rights compare with those held by general education students? How are they the same? How are they different? Should the rights of all students be the same?
2. How has education for children with special needs changed in your setting (school district, individual school, or day care center) over the last twenty years? How and why have these changes taken place?

QUESTIONS—CHAPTER ONE

1. How do the goals of integration relate to the goals you have for all children? Refer to the chart by Kenny (pages 12 and 13) for a review of goals of integration.
2. If you do not currently serve children with special needs, would you need to modify the goals of your program to do so? How?
3. How do the principles of developmentally appropriate practice relate to the goals of your program? (See Chapter 3 for summary of developmentally appropriate practices for 3, 4, and 5-year olds.) Are these practices appropriate for children with special needs?

QUESTIONS—CHAPTER TWO

1. Review the four curriculum models. Which one most closely represents your philosophy of early childhood education? If you find that you are pulling from all four models, how would you define your personal philosophy?
2. Are there times or situations when one philosophy is most appropriate? When and why?

QUESTIONS—CHAPTER THREE

1. After reviewing the information about appropriate and inappropriate practices, think about your program. What are the areas in which you feel you are developmentally strong? Which areas would you like to work on?
2. Who, in your school or agency, will be a source of support as you strive for a more developmentally appropriate program for all children?
3. How will you approach the person(s) who you feel will be supportive? What would you like that person(s) to do?
4. What do you need to make your program more developmentally appropriate? Consider resources such as space, time, materials, and equipment as well as in-service training.
5. Are the NAEYC guidelines appropriate for all children, ages 3 to 5?

QUESTIONS—CHAPTER FOUR

1. Review the elements to consider when getting ready to mainstream or integrate a program. Where is your program on each of these points?
2. Which of the options for integration most closely fits your program and your goals?
3. Do you have other ideas on ways to integrate children with and without special needs?
4. Have you had experiences similar to Sarah's (as described in the chapter)? What steps were taken to facilitate the smooth integration of the child? What things would you do differently?

QUESTIONS—CHAPTER FIVE

1. How are the skills for teaching in an integrated class similar to skills needed by all teachers of young children? How are they different?
2. Select two of the skills listed and discuss some of the ways that you implement these in your classroom. Would you implement these skills differently if you had children with special needs in your class? If you do serve children with special needs, how does this effect the way you implement these skills?
3. Review the Social Observation for Mainstreamed Environments checklist. Design a checklist for your setting that would provide useful information for teachers and parents.
4. After reviewing the strategies used in the various models, think about which of these would be most effective in your setting and how you could implement changes.
5. How have you addressed the need for early childhood programs to promote an anti-bias view?

QUESTIONS—CHAPTER SIX

1. Look at your classroom in relation to the physical environment checklist and the list of materials and toys. Note any areas that need to be modified. What changes would you like to make? How will you accomplish these changes?
2. If you are not currently serving children with special needs, would you need to modify the environment to do so? How?
3. Draw a floor plan of your current classroom and your ideal classroom. How can you bring the two closer together?

QUESTIONS—CHAPTER SEVEN

1. Are there some disabilities that you are already familiar with? Are there some about which you feel hesitant? Think about children or adults you have known who have experienced these circumstances.
2. What is the role of play in your program? How can it be used even more effectively to promote social interaction and skill development?
3. Consider a typical activity in your classroom. How could it be adapted to meet the needs of children with a range of physical or cognitive needs?

QUESTIONS—CHAPTER EIGHT

1. How are parents and families involved in your program? How could this involvement be more effective?
2. Are parents or families less involved in your program than you would like? Make a list of possible reasons and brainstorm about ways to eliminate barriers.

QUESTIONS—CHAPTER NINE

1. Describe the staff development program in your setting. If it is not as effective as you would like, brainstorm about ways to make it more effective.
2. What are the goals of staff development in your program? Which model of staff development best addresses those goals?
3. Make a list of topics for future staff development and possibilities for meeting those needs.

CASE STUDIES

CASE STUDY ACTIVITIES

The case studies that follow are based on actual cases of children in day care centers or school settings and are used with parental permission.

Assume that you'll have an opportunity to meet these children and their parents on Monday. They will start school the following Monday. Review the information and begin to make some decisions about how you will adapt your plans to meet specific needs, if, in fact, adaptations are needed. Work with lessons that you have already planned for your class, indicating on each lesson what changes will be necessary. You will also be planning for future weeks with these children in mind. Consider what kinds of activities will be needed to meet the goals and objectives.

M.'S CASE STUDY

Introduction:

M. was referred due to parental concern over her speech development and acquisition of school readiness skills. Her family moved to Milwaukee earlier this year. When she lived in Florida she attended a Preschool Screening, at which time a complete evaluation was recommended. Following this evaluation, done by the public schools, the data was shared with her mother. Recommendations were to enroll M. in speech and language therapy and in an early childhood program for children with special needs. M.'s mother has decided that she does not want to do this at this time. She is seeking private speech and language therapy through her insurance and M. will be enrolled in a general education class for four year olds. Because of this decision, an Individualized Education Plan (IEP) was not written. M. will be entering your class next week. After reviewing the attached data, you will need to determine goals and objectives for M. and consider any adaptations that will be necessary in the classroom routine or program.

SOCIAL WORK DATA:

M. lives with her mother and her two year old sister. Her mother is a full time student. The children had contact with their father in Florida but the parents are in the process of getting a divorce. The father has made no plans to visit them since the move to Wisconsin.

M. has some contact with her maternal grandmother and an uncle. M.'s mother reports that M.'s language was developing typically until the age of 15 months, when she stopped talking for a number of months. Her speech is difficult to understand and she speaks very quickly.

M.'s mother reports that she is sweet, lovable, helpful, and quiet at home. She has a pleasant personality and enjoys singing and drawing.

She engages in a typical amount of teasing and has an occasional temper tantrum. When she misbehaves she is given a time-out in a chair or in her sister's crib. This works well and is not necessary very often. For the most part she obeys and is comfortable separating from her mother and playing on her own. She has friends in the neighborhood and cousins with whom she plays. With her friends she plays with blocks, legos, or imaginative play. Some of the children have trouble understanding her but the friendships seem stable. When there are conflicts with friends, she usually gives in.

M. was born in January, 1987, a full term, healthy baby. She met the developmental milestones of walking, talking, and toilet training without difficulty. She has had several ear infections but her hearing has never been tested. She had pneumonia twice last winter.

SPEECH AND LANGUAGE DATA:

M. was evaluated in March, 1991. She was seen by the early childhood teacher and the speech and language pathologist on the same morning. The speech and language evaluation was second. M. displayed poor attending skills and had difficulty remaining in her seat and staying on task. Intelligibility was poor and the final ten minutes of the test were spent on the evaluator's lap.

Her comprehension was determined to be at the 30 month level (Pre-School Language Scale). Her skills ranged from the two year level to the four and a half year level. At the two year level she could understand the concept of one, compare sizes, understand basic functions and follow simple commands. At the 2 1/2 to 3 year level she was able to understand basic functions but was unable to understand simple concepts such as under, in back of, and in front of.

She was unable to answer questions which required her to point to an answer, despite the evaluator's attempts to teach her how to point. This inability affected her test results. She could name six colors (red, orange, blue, green, yellow, purple) and basic body parts.

During attempts to teach M. to point she mimicked the examiner's actions but did not point independently or make any choices among alternatives, in items such as, "Point to the tiny ball." Her expressive language skills were two years four months (Expressive One Word Picture Vocabulary Test). She labeled a car, a truck. She also called a bus, train, and wagon, a truck. A bird, chicken, and duck were all called duck. She spoke in two-six word sentences but intelligibility was poor. The Alpha Test for articulation was started but not completed. M. whispered her responses and it was very difficult to understand her. Articulation errors were evident.

COGNITIVE DATA:

M. separated from her mother without difficulty and sat on the chair when asked. Her attention span was very short and she had to be redirected to the chair a number of times. At first she offered no spontaneous expressive language and did not respond to questions about the book she brought with her. Later she made a few statements such as "hole in there," "these that go in there," "I like these," and "I want to put them in the basket." At times she echoed the examiners comments and at times perseverated on a single word.

She could use plurals but not "ing" endings. She could not identify pencil, flag, boat, umbrella, knife, arm, stove, and car. She was consistently right handed and could stack blocks, string beads, and draw. She could not hold scissors. She could count to eight, identify red, blue, yellow, and green, and label a triangle. She had difficulty labeling objects, following one step directions, understanding simple prepositions, and responding to simple questions.

THE RESULTS OF THE DEVELOPMENTAL PROFILE TEST WERE:

gross motor-4 years

fine motor-3 years

visual perception-4 years

reasoning-under the 4 year level

receptive language-2 years

expressive language-2 years

chronological age- 4 years, 2 months

Based on input from her mother on the Minnesota Child Development Inventory Profile the following levels were determined:

general development-3 years 9 months

gross motor-3 years 3 months

fine motor-3 years 3 months

expressive language-2 years 9 months

comprehension-2 years 6 months

PSYCHOLOGICAL DATA:

M. was cooperative and compliant during the evaluation. This evaluation was done the day after the speech and language and classroom evaluation. She became more open and responsive as the evaluation progressed. Multiple misarticulations were noted in her speech and her verbal responses were usually in the form of short two and three word sentences. The Stanford-Binet was administered, asking her to answer questions and perform various tasks to determine her current level of intellectual functioning. She obtained an intelligence quotient of 74, with no unusual high or low areas in her performance. The Peabody Picture Vocabulary Test-Revised (Form M) was used for receptive vocabulary. Her current language was at the two year three month level. The Bracken Basic Concept Scale was

used to assess her progress in learning. Her performance was in the low average range. She could identify red, black, blue, and star, triangle, and square. She could not identify any numbers or letters.

SUMMARY:

M. was referred for an evaluation of her speech and language and her readiness for school. Evaluation results place her intellectual and speech and language in the borderline range. A commensurate delay exists in her levels of school readiness. She can be cooperative and compliant but also has a short attention span. She demonstrates significant needs in language development, school readiness, and general comprehension.

RECOMMENDATIONS:

- hearing check
- speech and language therapy to improve auditory comprehension, verbal expression, and articulation
- Placement in general education 4-year-old kindergarten

S.'S CASE STUDY

S. was first seen by public school personnel in July, 1990, when she was three years, eleven months of age. This first date of evaluation was in response to a referral in April, 1990. At the time of the evaluation she was attending a children's center.

The staff at the children's center made the initial referral, with the permission of the mother. The actual evaluations took place between July and September, 1990, with the Multidisciplinary Team (M-Team) meeting held in September, 1990. Since this exceeded the 90 day limit set by the federal government it was necessary for the parent to give permission for an extension of the 90 day timeline. S. was evaluated in the following areas:

- mental
- physical
- learning
- speech and language
- hearing

As is customary, the parent was interviewed by a social worker. That data is also included in the report.

SOCIAL WORKER DATA:

S. lives with her mother and her eight month old sister. Her mother was treated for venereal infections three times during the first trimester of the pregnancy. S. was born at full term by a C-section delivery, in August, 1986. It was immediately observed that she had hydrocephaly, total cleft palate and lip, one nostril on right side and rudimentary left ear with absence of the left ear canal. She received a shunt one day after birth and remained in the hospital for six weeks, and has since been hospitalized for several surgeries.

In May, 1988 her lip and palate were repaired and an ear tube was placed in her right ear to reduce chronic ear infections. In February, 1989 she had eye surgery to correct her crossed eyes. As she grows she will have surgeries to reconstruct her face. In June, 1989 she developed bacterial meningitis, with a fever of 105 degrees. During that same month she developed a blood clot in her brain, which was surgically removed. The inner ear of her left ear is normal, but the ossicles are deformed. The hearing loss in the left ear is probably great, but has not been tested due to other difficulties. The hearing loss in the right ear is mild. S.'s mother reports that S. learned to walk at 20 months, but needed assistance to rise to stand from the floor. At the time of the evaluation, her language was limited to a few words which were difficult to understand by anyone other than her mother.

S.'s family moved to Milwaukee during the spring of 1989 specifically to obtain better services for S. The mother enrolled her in the children's center in June, 1989. She attends five full days a week. At that time she began receiving speech and language, physical, and occupational therapies and participated in exceptional education classroom activities. A teacher for the hearing impaired consults with the staff at the children's center. S.'s interactions with other children are minor. Her play is immature, either with peers or alone. She is not very expressive and does not display much enthusiasm. During large motor activities she is very careful and timid.

When her routine is disrupted she becomes very anxious. Her interactions with her mother are generally positive. She is affectionate with her younger sister. Her responses to adults are more interactive than with children. Her mother reports that S. is an "easy" child, as long as things stick pretty much to the routine. S. is active, distractible, generous, happy, obedient and aggressive at home. Her mother feels that S. enjoys school and that she is learning things there. When approached by the staff about the possibility of a referral to the public schools she had many questions about the quality of the available programs compared to the current program. She is particularly interested in having S. enrolled in a situation where she will have contact with typically developing children. The mother feels that this would be best because she would have friends and would learn how other children behave. She also feels that this will help S. relate to her sister, and later, to her sister's friends.

INTELLECTUAL FUNCTIONING DATA:

Current measures of intellectual ability indicate that S. is functioning within the upper limits of the mildly cognitively disabled range. When observed for this evaluation she was seen in the classroom and alone with the examiner. In the classroom she was seen to defend her territory and to engage in more solitary play than in reciprocal play. She came when she was called and used several signs. She does not like to have her hands held as she is then unable to use them for signing. She came happily with the psychologist and chattered continually, although not a single word was understood.

She appeared to be echoing many things the psychologist said. She used many signs to make her needs known. She is a small child, very friendly and cooperative.

The Bayley Scales of Infant Development were used. S. scored between 16.4 and 20.3 months with the developmental index falling at 21.2 months. This results in an I.Q. of between 56 and 66, thereby meeting the criteria for cognitive disabilities. S. demonstrated a strength in her ability to quickly and accurately complete form board tasks. S. completed form boards both by tactile and by visual cues. Expressive language appeared to be an area of significant weakness. She was able to name two objects. She was able to point to four pictures. She could build a two block tower. She appeared to try hard and scored consistently at the 19 month level, with some scatters up to the 26 month level. The Alpern and Boll Developmental Profile was also used, with the following results:

physical age-16 months

self-help age-28 months

social age-18 months

academic age-24 months

communication age-20 months

With this instrument the I.Q. fell between 64 and 74. She appears to be a happy, contented child who appears pleased with herself, although she does not laugh easily. No social or emotional problems are specifically noted.

SPEECH AND LANGUAGE DATA:

Language testing resulted in receptive language skills which ranged from 21 to 22 months. S. is following one step directions, identifying basic objects/pictures and identifying several, main body parts. She recognized hair, mouth, eyes, and feet and identified pictures of cup, spoon, and ball. She was also able to answer some simple yes/no and "wh" questions (Where's the doggie? Where is your mouth? Are you done?). Expressive language skills were estimated at the 18 month level (Preschool Language Scales). Auditory comprehension is at the 21 month age level (Preschool Language Scale). Language comprehension was found at the 22 month level (Test of Language and Learning Development). She followed a variety of one-step directions including: put it on the chair, put it on the table, put it in the box, put the doll night-night, give the doll a kiss, sit down, stand up, wave bye-bye, and go get the.... Currently, S. communicates using vocalizations, a few approximations of familiar word and a limited number of formal signs.

She uses approximately 20 signs (including play, eat, more, apple, dog, cracker, cookie, and dance) and approximates about 10 of these words orally. S. attempts to imitate but has significant difficulty with the production

of many early developing vowels and consonants. Jargon is heard during play interspersed with real words and recognizable non speech sounds.

Her jargon lacks the usually expected consonant and vowel variety. Sentence pattern intonations were noted. She can imitate up to four syllables. She readily imitated gestures and speech models, an area of strength which may indicate a good potential for improvement. S. was able to imitate mouth open and closed and some tongue protrusion, with considerable effort. She was not able to imitate internal nor external tongue elevation. She is able to feed herself and drink from a cup without spilling. Speech sound production is her weakest area. It would be difficult for the average listener to understand her. Most of her vocalizations are in response to requests for imitation, although she did protest when another child tried to take her book. When the examiner followed S. down the hall she began to sing a familiar song. S. began the precise mime to accompany it. She had recognized the melody and discriminated which mime the lyric required. S.'s intent to communicate is strong and is achieved through a combination of systems (manual signs, natural gestures, speech). Later, in the classroom, when the teacher mentioned the name of a song S. immediately assumed the proper hand position.

She demonstrated her understanding of the praise by clapping her hands each time an adult said, "Good job." Some oral-motor involvement by be present. Hearing testing indicated left altresia with at least a mild hearing loss in the better ear. Given S.'s chronic ear infections no hearing aid has been acquired.

COGNITIVE DATA

S. was able to complete a four shape form board with some trial and error. She knows several action songs. She is able to feed herself and cooperates with dressing tasks, although she does not like dressing activities. Toilet training has not yet been initiated. She has a short attention span and is very distractible. She enjoys participation in group activities. S. is able to place pegs in and out of a pegboard, turn the pages of a cardboard book, build a seven cube tower, place three forms in a form board, imitate a vertical/horizontal and circular scribble, align two or more cubes for a train, find a toy hidden behind a screen, imitate some facial movements, balance nine cubes in a cup, look at familiar objects when they are named, localize sound source, follow simple directions, show body parts, clothing items and toys on verbal request, play peek-a-boo and pat-a-cake, and pretend to be asleep or talk on the phone. She has difficulty with stringing beads, unscrewing jar lids, imitating H or V strokes, matching colors, complete a three-six piece puzzle, identify sex, understanding left or right, and naming action pictures.

PHYSICAL THERAPY DATA:

Muscle tone is in the low normal range in the trunk and extremities with low muscle tone more pronounced proximally. Gross motor skills are achieved at the 18-24 month level of development (Motor Development Evaluation for Upright Posture and Locomotion). S. can creep, assume and maintain a variety of sitting positions with functional stability, kneel, walk, and rise to stand from the middle of the floor. She walks independently both indoor and outdoors using a flat footed gait and a mild increased base of support with little or no trunk rotation. Although she walks with an immature gait pattern, no unusual stumbling or falling is reported. She can walk up and down stairs independently but stair climbing activities need to be supervised due to her inattention to task. If no adult is near and there is not a hand rail, she will crawl up the stairs. There are no limitations in range of motion in the lower extremities. She can run, using very short steps and a flat footed gait without trunk rotation.

S. is fearful in new situations and activities. She is resistant to handling. S. is able to feed herself with a spoon and fork and eats regular table food.

OCCUPATIONAL THERAPY DATA:

Fine motor skills scatter from the 18 to 27 month level. S. demonstrated a right hand preference, although was noted to switch hands at midline. With the right hand, she was able to cross the midline easily. With the

crayon, she demonstrates beginning static-tripod grasp, with decreased pressure. With small items she utilized pincer prehension and repositioning with opposite extremity. With the left hand, all items were frequently transferred to the right hand for placement. However, she is able to use a pincer prehension with the left hand. Muscle tone was within the low-normal range throughout, more so proximally than distally. Joint range of motion was within normal limits. Protective arm extension was noted to be somewhat delayed backwards.

SUMMARY:

S. appears to be functioning with the upper limits of the mildly cognitively disabled range of intellectual abilities at this time. Pre-academic/developmental skills are significantly delayed in all areas; however, scattered skill development is emerging. Receptive language skills appear commensurate with S.'s general level of development; however, expressive skills are significantly delayed. S. demonstrated significant difficulty in her ability to imitate even the earliest developing consonants and vowels. Strong communicative intent is achieved through a combination of manual signs, natural gestures, vocalizations and a few approximations of familiar words. S. would not be understood by the average listener even if the subject were known. S. demonstrates a mild hearing loss in her left ear where atresia is present. Given her chronic ear infections, no hearing aid has been acquired. Gross and fine motor skills are delayed. However, S. is able to accomplish basic skills. She did fail the early childhood gross motor screening.

Social/adaptive functioning is within the significantly delayed range. S. is not demonstrating significant emotional/behavioral concerns, her peer interactions are an area of relative weakness.

TEAM DECISION-STATEMENT OF THE DISABILITY, HANDICAPPING CONDITION AND NEED FOR GENERAL OR EXCEPTIONAL EDUCATION SERVICES:

The Multidisciplinary Team (M-Team) finds that S. has a cognitive disability that interferes with her intellectual, pre-academic and social/adaptive development.

The M-Team agrees that S. has disabilities in the areas of mental functioning and learning characterized by significant delays in the speech and language area. This disability is handicapping S.'s acquisition of pre-academic skills and /or social growth. After reviewing the available data, the M-Team finds that S. is presenting a physical disability characterized by a significant hearing impairment. This hearing impairment is considered to be educationally handicapping to S. After a review of the data, the M-Team finds that S. does not present a disability and handicapping condition regarding her physical functioning. In addition, fine and gross motor skills are adequate for S. to benefit from her educational program. Therefore, physical and occupational therapies will not be offered.

FOLLOW-UP RECOMMENDATIONS:

S. should be considered for placement in a small class which will provide developmentally appropriate stimulation and activities and a maximum of direct contact with other children who are verbal. In addition, she should be considered for placement in a specially designed remediation program directed at improving her overall communication skills. S. could benefit from services offered through the Hearing Impaired Program. The following goals and objectives should be considered in developing S.'s Individualized Education Program (IEP):

- Improve cognitive/pre-academic skills
- Improve peer relationships and peer interaction skills
- Improve play skills
- Increase all areas of self-care
- Improve gross motor skills

- Improve fine motor skills
- Increase receptive and expressive language
- Increase speech intelligibility
- Increase functional communication skills

S. met the criteria for services in the areas of cognitive disabilities, speech and language, and hearing impairments. Based on available data the following goals and objectives were established for S.

COGNITIVE:

S. will:

point to parts of objects, such as vehicles, clothing, household items, and toys

locate objects hidden within a picture

identify which object has been removed from a group of objects

listen to a very short story and respond to simple questions

complete 12-15 piece interlocking puzzle

LANGUAGE:

S. will:

follow three step related directions

answer "yes/no" questions appropriately

answer simple "wh" questions

ask simple "wh" and "is it" questions

express wants, needs, and feelings to adults and peers in simple terms

expand spontaneous sentences by length and complexity with peers

demonstrate use of pronouns, articles, plurals, possessives, prepositions

ARTICULATION:

S. will:

increase movement of lips and tongue during speech improve production of k,g,b,d,t,p in spontaneous speech

FINE MOTOR:

S. will:

tear and fold paper

lace holes 1/2 inches apart

snip repeatedly with scissors

cut along a thick line, straight and curved

string 6 beads, following a pattern

color a simple picture, increasing from one to three colors

imitate stokes,_____, O, I

write the first letter of her name

start to form letters

draw a face with eyes, mouth,nose, hair, and ears

GROSS MOTOR:

S. will:

catch a thrown ball, from 8 feet

catch a bounced ball, from 8 feet

kick a moving ball with control and direction

use a beanbag to throw and catch with direction

stand on one foot for 5-10 seconds

hop on one foot

play simple relay race games

play simple tag games

play simple circle games

SELF-HELP:

S. will:

manipulate a variety of fasteners with ease (button, snap, zipper)

flush toilet after use

wash and dry hands

wash and dry face

spread with a knife

cut with a dull knife

SOCIALIZATION:

S. will:

seek attention from adults in an appropriate manner

play interactively with 2-3 peers cooperatively for at least 3 minutes

replace play materials without adult guidance

share toys during play situations without adult intervention

communicate orally with peers during play, indoor and outdoor

VOCATIONAL:

S. will:

state first and last name when asked

state age when asked

perform a variety of classroom jobs:

- pass out cups
- pass out napkins
- clean tables
- water plants
- take the attendance folder to office
- empty waste baskets

The criteria for all of these objectives is 80% accuracy in 4 out of 5 trials. The strategies are:

vary situations, materials, environments, and instructions

use of peer modeling

use of small and large group activities

fade assistance, cues, and prompts

frequent practice

one to one activities

speech therapy in the classroom

use of adult modeling

adult reinforcement

peer reinforcement

peer tutoring

gradual increase of difficulty

PLACEMENT:

It has been determined that the least restrictive, most appropriate learning environment for S. will be a general education four-year-old kindergarten, with support from an exceptional education teacher and a speech and language therapist. The exceptional education teacher will be available for on-going consultation and the speech and language therapist will provide consultation, as well as direct service.

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LESSON PLAN ACTIVITIES

LESSON PLAN ACTIVITIES*

On the following pages you will find lesson plans for three, four, or five-year-olds. The plans have been designed for general education students or children in a typical day care setting. After reading each lesson, consider how you would modify the lesson to include a child with special needs. You may want to consider a child with a physical disability, such as cerebral palsy; a sensory disability, such as a hearing loss; or a cognitive disability.

Think about adaptations of both the activity and the materials used for the activity. After you have completed these three lesson plan adaptations, try the same type of adaptations with some of your own lesson plans.

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LESSON PLAN

THEME: ANIMALS-SPIDERS

ACTIVITY: EXPLORING AND MAKING SPIDERS

OBJECTIVES :

1. Students will be able to identify what a spider is.
2. Students will be able to count to 8.
3. Students will be able to make some predictions about spiders, how they walk.
4. Students will be able to relay their feelings and concerns about spiders.
5. Students will be able to explain why they believe spiders have or do things.

MATERIALS NEEDED:

- "Eency Weency Spider" song on board
- Poem, "Spiders," by Mary Ann Hoberman
- Spider and insect identification sheets
- Styrofoam balls, 1 1/2 inches around
- Markers
- Pipe Cleaners
- Lots of open space for movement

PROCEDURE:

1. Sing "Eency Weency Spider" as a group twice and then add the hand motions and do 2X's.
2. Pass out books that have spiders in them.
3. Ask "What do you know about spiders?" (number of legs, colors, where found,what spiders do, how long they live, what they eat, why are they good to have around).
4. Have students close their eyes and imagine a spider as teacher reads spider poem at least twice.
5. Pass out spider and insect sheets and ask students to identify if a spider or insect and why (discuss characteristics).
6. Students move to table to make spiders by sticking pipe cleaners into Styrofoam balls. Students may bend legs and draw eyes on body.
7. Students walk like spiders, first alone, then with a partner.

ASSESSMENT PROCEDURE:

1. Cooperation with peers
2. Participation in activities
3. Listening to directions
4. Able to explain thoughts

FOLLOW-UP ACTIVITIES:

1. Read Charlotte's Web by E.B. White and/or show video.
2. Read Spiders by Eric Carle.
3. Make big book about spiders.
4. Take a walk either inside or outside to look for spiders.
5. Hide plastic spiders around room or school and have students look for them.
6. Bring in a spider for a class pet for a week.
7. Talk about and examine a spider's web.
8. Talk about other 8 legged animals.
9. Make spider snacks from marshmallows and pretzels, with chocolate chip eyes.

TIME: Lesson would take 30-45 minutes.

LESSON PLAN

THEME: BUTTERFLY

ACTIVITY: GAME ABOUT SAME AND DIFFERENT

OBJECTIVES:

1. To identify that some caterpillars will eventually turn into butterflies.
2. To select objects that look the same.
3. To select objects that look different.

MATERIALS:

- The Very Hungry Caterpillar by Eric Carle
- Butterfly chart with butterflies of different sizes
- Same and different cards
- Two baskets for the game
- Life cycle of the butterfly chart

PROCEDURE:

1. Hello song to get everyone's attention.
2. Tell The Very Hungry Caterpillar story, possibly using puppets.
3. Talk about the butterfly chart, different sizes and kinds, and similarities.
4. Allow the students to point out similarities and differences.
5. Using the life cycle chart, talk about butterfly vs. cocoon.
6. Give each child a card with two pictures on it.
7. Introduce the two baskets, one for cards with the same picture, one for cards with two different pictures.
8. Ask the children to place their card in the appropriate basket.
9. Reread the story.

ASSESSMENT PROCEDURE:

1. Observation of reactions and participation
2. Correct basket placement

FOLLOW-UP ACTIVITIES:

1. Look at the life cycle of different animals
2. Note similarities and differences among other animals or the students

TIME: The lesson would take about 20 minutes.

LESSON PLAN

THEME: SELF-AWARENESS

ACTIVITY: MATCHMAKER

OBJECTIVES:

1. The children will be able to use matching and patterning skills.
2. The children will use fine motor skills and eye-hand coordination.
3. The children will use right-left progression.

MATERIALS:

- Pegboard with 6 hooks
- Basket of bracelets
- Tape
- String
- Beads of different shapes and colors
- 3 X 5 cards
- Crayons or markers
- Shapes, Shapes, Shapes by Tana Hoban
- The Wing on a Flea by Ed Emberley

PROCEDURE:

1. In groups of 3-4 children, show children the basket of bracelets and invite them to put them on and make discoveries about them.
2. Bring out pegboard with attached index cards and ask children to match the bracelets with index card pictures.
3. Invite children to make their own bracelets.

ASSESSMENT PROCEDURE:

1. Ask children to describe their bracelets, note verbal skills.
2. Note fine motor skill level.

FOLLOW-UP ACTIVITIES:

1. Ask children to allow you to use their bracelets to make new cards for the game.

2. Put pegboard in math center for future use.

3. Have a friendship day, children make bracelets for each other.

4. Read books suggested.

TIME: The lesson would take about 20 minutes.

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POLICIES AND PROCEDURES*

How are Children with Possible EEN Identified?

An important task for the school is to identify those children who may be disabled and who may require special education. The law requires that this be done through child find, screening, and referral procedures.

CHILD FIND

Each school is required to carry out child find activities. The school must actively seek out any child who may have a disability. Schools do this by publishing articles in the newspapers, distributing bulletins and pamphlets, reviewing the school census, and by having a fixed point of contact for parents who think their child may have such a problem. Each school principal should be able to tell parents who to call if they suspect their child has a disability that requires special education.

In Wisconsin, school districts are required to do child find activities for children from birth to age 21. If a child in this age range is referred to the district, it must do or arrange for an evaluation.

While districts are required to provide special education to children from age three until age 21 or until they graduate from high school, schools will help parents find services for children under the age of three.

SCREENING

The state special education law requires that schools continue the effort to identify children who may be disabled by screening all children who are residents of the school district and who have not graduated from high school.

Parental permission is not required to have a child go through a screening process. However, parents may refuse to allow their children to take part. Schools cannot require that a child go through a formal screening process as a prerequisite to starting school.

In addition to this formal screening process, schools must ensure that informal, ongoing screening also takes place. This is usually in the form of observations and testing programs carried out by classroom teachers and other personnel in the school during the school year.

The earlier a child with a disability can be identified and served, the better are the chances that the child's future can be improved. A school district must provide, on request, screening opportunities to children who are below school-entry age.

If you have a child you suspect may have a disability but don't know where to go or who to talk to locally, call the toll-free number for the Wisconsin Department of Public Instruction, Division for Handicapped Children and Pupil Services' Hotline. When calling the Hotline number (Monday-Friday, 8:00 a.m. to 4:00 p.m.), please ask for "DHC Hotline."

Madison 608-266-8142 (voice, TDD)

Milwaukee 414-42-3020

Statewide 1-800-362-3020

REFERRAL

State law requires that a referral process be part of the identification process. The law requires that any certificated (licensed) personnel working in the public school refer a child if they suspect or have a reason to believe that the child has an exceptional education need.

A physician, nurse, teacher at a state or county residential facility, psychologist, social worker, or administrator of a social agency who has reason to believe that a child has an exceptional education need must report the child to the school. The parents must be notified before a referral is made.

All referrals must be in writing. The referral must state the reason for the referral. When a school district receives a referral, it must send a "Notice of Receipt of Referral" to the child's parents. The referral notice must include a list of the procedural safeguards available to the parent and child with respect to special education.

Schools must process every referral made for an Exceptional Education Need (EEN) regarding children who are residents of the district and who have not graduated from high school. The only thing that can stop the child from being evaluated is if the parents refuse to allow the evaluation to be done.

Parents also may refer a child. If a parent suspects that the child has an EEN, the best thing to do is to talk to the child's teacher, principal, guidance counselor, or director of special education about their concerns. They will help the parent make the referral.

Once the referral is made, the school has 90 days to evaluate and, develop an Individualized Education Program (IEP), and offer placement for a child who is determined to have an EEN. Children determined not to have exceptional education needs may be referred for other services.

Parents cannot stop someone such as a teacher from referring their child if that teachers feels there is reason to believe the child may have an EEN. The law requires that teachers refer a child even though the parent may object.

HOW IS A CHILD EVALUATED?

A school district must evaluate every child who is a resident of the district who has not graduated from high school if he or she has been referred for an evaluation and is between the ages of birth and 21.

This is done by a multidisciplinary team (M-Team) of experts from different fields. The team must have at least two members and can be as large as necessary. There must be at least two experts on the team who are skilled in assessing and programming in the area of the suspected disability. One of these people must be certified to teach children with that condition. If there are two or more suspected conditions, the team must include a person certified in each condition.

Before an evaluation can be done, the parents must be notified in writing that the school intends to evaluate their child. This notice of intent to evaluate must state the area(s) to be evaluated (for example: intellectual, visual, or auditory); who will do the evaluating (for example: school psychologist, teacher, or nurse); the purpose for the evaluation; and the general types of testing instruments that will be used. This notice must be given every time the school intends to do an evaluation.

Along with the information listed above, the notice also must inform parents about their parental rights. These rights are called "procedural safeguards," and are meant to protect the child's and parents' rights.

If this is the initial (first) evaluation to be done by the school, parents are asked to give their written consent for it. Consent is voluntary, and parents may refuse to give it. Written consent is not required for re-evaluations. The parents' original written consent continues in effect for all future re-evaluations unless the parent revokes his or her consent in writing. Parents have the right to revoke their consent in writing at anytime. If the school feels that the child's right to an appropriate education may be denied by the parents' refusal to allow the evaluation to take place, the school has the right to ask for a hearing. An impartial hearing officer will make the decision as to whether the child should or should not be evaluated.

The purpose of the M-Team evaluation is to determine if the child has a condition that requires special education—in other words, if the child has an exceptional education need. The school must notify the parents of the M-Team meeting date a reasonable amount of time in advance. Parents must also be told the time, date, and location of the meeting as

well as the names and titles of members of the M-Team. The parents may attend this meeting, but their presence is not required.

Once the consent to evaluate is received, the first step in the M-Team evaluation process is to review the information and data about the child that may already exist. Each member of the M-Team prepares a written report of the evaluations he or she conducted and the findings. If the parents wish to have the individual reports at the M-Team meeting, they must make the request in writing within ten days of the date the school sent them a notice that their child was going to be evaluated.

When the M-Team has completed its evaluation and has made a decision that the child has a need for special education, the M-Team must make the recommendations regarding what related services the child may need.

The M-Team must submit a written report to the director of special education or program designee.

The report must include the following:

1. A list of the disabilities that the M-Team found the child to have.

2. The M-Team's conclusions regarding whether the child needs special education because of disabilities.

3. If the child's need for occupational or physical therapy was considered, the M-Team's conclusions regarding that need.

4. A statement that documents the reasons for each of the M-Team's findings and conclusions listed above.

5. Recommendations regarding which other related services the child may need.

If the M-Team finds that a child is not a child with EEN, the M-Team report must include the following:

1. An identification of the child's non-exceptional education needs.

2. A referral to any programs, other than special education programs, offered by the school from which the child may benefit.

3. Information about any programs and services other than those offered by the school that the M-Team is aware of that may provide a benefit to the child.

The director will send to the parents a copy of all proposed M-Team reports submitted by the team and indicate to the parents in writing which is the approved M-Team report and the reasons why that report was selected.

If the parents where unable to attend the M-Team meeting, the parent may request a conference with school staff to explain the team's findings and recommendations. In cases where the parents did not attend the M-Team meeting, this explanation could be given at the IEP conference. In some cases, especially where parents have some specific questions, a separate conference might be held.

At this point parents can request an independent evaluation if they don't agree with the findings and recommendations of the evaluators. The school district must pay for these independent evaluations unless it feels that the evaluation team has done an appropriate evaluation and requests a hearing to see if it must pay or if the parents refuse to give the school a copy of the evaluation report. If the district requests a hearing, an impartial hearing officer will make the decision.

In the cases where the school district pays for evaluations, standards may be set for independent evaluations similar to, or the same as, those standards used by the school district. However, the M-Team must consider any private or independent evaluations that may have a bearing on the decision if the parents make them available to the team. Either the school or the parent may present the independent evaluation as evidence at a hearing regarding the child.

WHAT IS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)?

After the Multidisciplinary Team (M-Team) of evaluators has completed its report and if an EEN is identified, an IEP must be developed. This program specifies the special education and related services needed to meet the individual child's identified EEN and the related and supportive services to be provided.

The program is developed at an IEP conference. The school must have a representative of the district who is qualified to provide or supervise the provision of special education present and the child's teacher. The parent must also be present if at all possible. In some cases it is a good idea to have the child there, too. The parents may bring a friend or advisor to the IEP meeting if they wish.

Before any meeting to develop an IEP, the district must send the parents a notice of the meeting. The notice must identify the time, date, and location of the meeting, who will be present and the purpose of the meeting. The parents must also be given a copy of their rights with the notice.

The IEP meeting must be held at a time and place mutually agreed upon. If the parents and the school cannot agree upon a time and place, the school must attempt to involve the parents by telephone. If the school finds that they cannot arrange a meeting with the parents, the school may go ahead a develop the IEP and send the parents a copy.

The IEP must be developed before the student is placed in special education. It must include a statement of:

1. the child's present levels of educational performance.

2. annual goals, including short-term instructional objectives.

3. the extent to which the child will be able to participate in regular education programs.

4. the specific special education and related services to be provided to the child.

5. the projected date for initiation of services and the anticipated duration of the services.

6. appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.

Parents' suggestions must be considered by the school staff developing the IEP. The parents do not have to consent to the IEP. Parents do not need to sign the IEP, but school staff must document that parents attended the meeting.

Once the IEP is developed, the goals, objectives, percentage of time, or services provided cannot be changed without notifying the parent and arranging an IEP conference with all required persons to discuss the reasons for the change.

The child's IEP must be reviewed and revised periodically but at least once a year. Parents must be invited to the meeting when this is done.

HOW IS A CHILD WITH EEN PLACED?

After a child is evaluated and found to have exceptional education needs, and an IEP is developed, a special education placement must be identified. A placement offer is developed to implement the IEP and is done in two parts.

The first part of the placement offer is developed by a group of people named by the director of special education or program designee for the district. This group of people identifies the type of special education delivery model and level which would implement the IEP.

As the group makes its decision, it must consider and document its consideration of several factors. The group must consider any potential harmful effect on the child or on the quality of services which the child needs, as well as other concerns.

1. To the maximum extent appropriate, a child with EEN must be educated with children who do not have EEN.

2. Special classes, separate schooling, or any other program that would remove a child with EEN from the general educational environment may only be included when the nature and severity of the child's condition is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.

3. Alternative programs that are needed to implement the child's IEP must be available.

4. Appropriate nonacademic and extra-curricular services and activities must be provided.

After the group has made its decisions, the director or designee will complete the placement offer. This part identifies the specific location of the placement, or where the program will be provided.

The director or designee must consider these requirements:

1. Unless the IEP of a child with EEN requires a different arrangement, the child will be educated in the school he or she would attend if not a child with EEN.

2. Special education and related services must be provided as close as possible to the child's home.

3. A child with EEN may only be placed at home or in a hospital with a physician's written statement that the child is unable to attend school.

Once the placement offer is developed, it will be given or sent to the parents. If this is a child's first placement in special education, the parents will be asked to give their consent for placement. Consent is voluntary and parents may refuse to give it. The parent's original consent continues in effect, unless it is revoked in writing. Consent is not required for future changes in placement, but the parents must be informed about those changes before they happen.

If the district does not have an appropriate placement in the district, it must offer to place the child in another public school program in the state as near as possible to the child's home. If no such program is available in the public schools in the state, the district must offer to place the child in a public school program outside the state or in a private school. Any placement will be done at no cost to the parents. Before they can be made, out-of-state or private placements require the approval of the state superintendent.

*Excerpted from The EEN Triangle of Support: A Guide for Parents, Wisconsin Department of Public Instruction, Madison, Wisconsin 53707.

APPENDICES

APPENDIX A

ACTIVITIES THAT PROMOTE AWARENESS

Many teachers feel that it is helpful to involve the children in their classes in activities that promote awareness of disabilities. These may be part of discussion of the senses, of individual differences, or may relate to a specific child who is enrolled or will be enrolled in the class. These types of activities promote positive acceptance of one's own abilities and characteristics, and at the same time encourage acceptance of others. Activities that promote awareness are also geared to promoting acceptance. Included in this is an increase in actual understanding of the disability. These activities are most effective if they are not done in isolation. They help children get beyond differences to similarities. Persons with disabilities are not viewed as less able. Instead, the emphasis is on being differently abled. Children are curious about people and ways in which people manage daily activities. There is no need to make persons with disabilities seem larger than life.

The National Easter Seal Society (1985) puts forth the following objectives for awareness activities:

- To understand that people are all different.
- To feel that it is OK that people are all different.
- People, with and without disabilities, are more alike than different.
- There are many causes for disabilities, none of which have anything to do with what kind of person you are.
- Children and adults with disabilities may learn some things more slowly or with special equipment.
- Children can be friends with persons with disabilities.

There are many activities that can be done to increase the awareness and understanding of young children. The following suggestions are organized by disability areas.

VISUAL IMPAIRMENTS

- Children take turns wearing a blindfold and being lead around a familiar area.
- Tape wax paper to glasses for children to wear to simulate blurred vision.
- Share a braille card with children.
- Compare a large print book with other books in the classroom.

HEARING IMPAIRMENTS

- Secure cotton balls over ears with a scarf.
- Watch a videotape or television without the sound or with low sound.
- Demonstrate American Sign Language.
- Talk in whispers.
- Listen and identify sounds, discuss not being able to hear those sounds.
- Children handle a hearing aid.

PHYSICAL DISABILITIES CAUSING IMPAIRED MOBILITY

- Allow children to use a wheelchair for part of a day.
- Write or draw, using only one arm.
- Tape tongue depressors to the back of each finger and draw or write.
- Pick up small objects (pencils) without using hands.
- Stuff the fingers of work gloves and give a pair to each child. Wearing the gloves, children tie shoes, fold paper, zip, pick up a penny, or cut paper.

APPENDIX B

SAMPLE LETTER FROM SCHOOL TO DAY CARE CENTER

Dear (name of day care teacher),

This year, we'll have the pleasure of working with (child's name) in the mornings. During the afternoons (child) will be enrolled in your class at the day care center. I'm very excited about the opportunity to extend our objectives to (child)'s experiences at the day care center. Our morning is somewhat structured, with opportunities for independent and small group play, large group interaction, stories, gym time, music and art. There are often days when we don't get a chance to do everything that I plan, so the music or art may not always happen. I know that these experiences are a part of your program and I would be happy to offer suggestions on ways to adapt any activities to meet the special needs of (child).

(Child) enjoys interactions with other children and will benefit greatly from the social opportunities provided by day care. If you are planning a special event that you would like me to reinforce in school, please don't hesitate to call me.

I'd also like to invite you to visit our classroom to get an idea of the type of environment we have. You will find many things that are similar to day care, and probably some things that are different. You are welcome to visit when the children are here, so you can see us in action. Please let me know ahead of time so I can plan to have some time to talk with you. Through our cooperation we will help (child) have a productive and positive year.

I'm looking forward to working with you.

Sincerely,

School Teacher

APPENDIX C

SAMPLE LETTER FROM DAY CARE CENTER TO SCHOOL

Dear (teacher's name, if you know it),

This year we will both have the pleasure of working with (child's name). She/he will be attending day care each afternoon after school. By sharing some information, we can make the day more smooth and enjoyable. The school bus will be bringing (child) right to the day care center, where she/he will have lunch. If you have had a late or especially large snack at school that day, it will be helpful if you add a note to the lunch box. This way I will know that we should delay lunch a bit. Similarly, if (child) has had an especially busy morning I'd like to know about it so I can plan a quieter afternoon. A note in the backpack will let me know what has been happening in the morning that I should know about. This will really help me help (child) have a good afternoon.

During the afternoons we'll be working on socialization skills in small and large groups. Activities will include art projects, songs, stories, and lots of time to explore through play. We're happy to follow up on any goals you have, such as colors or speaking in complete sentences. Just let us know, so we can work together.

I'd like to invite you to visit the day care center, perhaps during your lunch time or before or after school. We're open from 6:00 a.m. until 6:00 p.m. During this time I will have a chance to show you where (child) will be spending the afternoons and will get your ideas for ways that we can modify our environment to best meet the child's needs. Please call me to set up a convenient time for this visit. I have found that this is very helpful for both the day care staff and the teachers from the schools.

I'm looking forward to meeting with you and working together to plan the best possible program for (child).

Sincerely,

Day Care Teacher

APPENDIX D

CHILDCARE SERVICES News

MAY, 1990

25 WAYS TO KEEP BUSY THIS SUMMER!

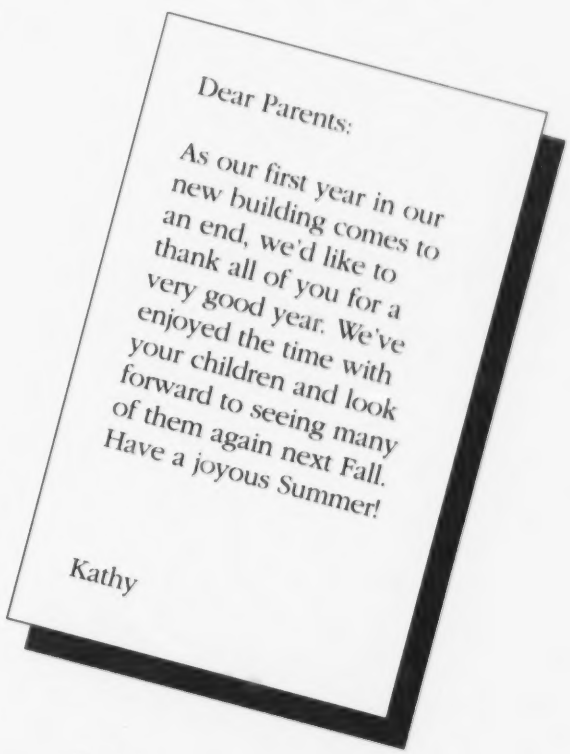
1. Find the letters of your name on the back and front of your cereal box.
2. Go for a walk—how many different flowers do you see?
3. Lay in the grass and use your imagination to make shapes from clouds.
4. Grow tomatoes.
5. Learn a new song.
6. Freeze bananas on popsicle sticks for a treat.
7. Play telephone.
8. Have a picnic with a friend.
9. Lay quietly and listen—how many sounds can you identify?
10. Blow bubbles.
11. Write a story about you and your friend.
12. Have a kazoo parade.
13. Make fruit-kabobs from grapes, banana slices, pineapple chunks, and sliced peaches.
14. Make a sand castle at the beach.
15. Sort crackers by shape before you eat them.
16. Play charades.
17. Use a magnifying glass to investigate bugs in your yard.
18. Trace your friends shadow with chalk on the sidewalk.
19. Paint the sidewalk with water.
20. Draw or paint a picture to bring back with you when you return next Fall.
21. Go for a walk—look for something yellow.
22. What's your favorite color? Look for three things that color.
23. Find a picture of something purple in a magazine. Cut it out.
24. How many different shades of blue can you find?
25. Count backwards from 10!

Families are invited to Milwaukee's first Child Care Fair, Sunday, May 20, 10 a.m. to 4 p.m. at State Fair Park. The National Council of Jewish Women-Milwaukee is the sponsor of this free event designed to provide parents with an opportunity to listen to experts on child care issues and to meet area child care providers.

More than 31 Milwaukee-area child care providers and vendors are scheduled to exhibit.

In addition to the exhibit booths, workshops and lectures, a children's entertainment area will feature circus acts, storytellers and Tae Kwon Do demonstrations.

For more information, please call 351-1427 or 352-0208.


Dear Parents:
As our first year in our new building comes to an end, we'd like to thank all of you for a very good year. We've enjoyed the time with your children and look forward to seeing many of them again next Fall.
Have a joyous Summer!
Kathy

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ROOM 4

This past semester has been special for me. Sharing the physical and emotional development of your children has been an enjoyable experience. During the past semester, your child has been exposed to numerous activities. While they were "playing" and experiencing the many activities, they were learning valuable information to assist them as they grow.

SPRING AND SUMMER BIRTHDAYS

May 10	Alex
May 20	Justin
May 27	Heather
June 11	Edward
July 4	Ryan
July 18	Leah

Wishing you and your child a wonderful summer.

Kay

ROOM 2

We have a lot of exciting things planned for Spring. We started growing some flowers and popcorn in our room. We also have a sparrow's nest outside our window. Hopefully, in a few weeks we will have some baby birds to watch. These miracles of nature help the children learn about plants and growth.

Because of the beautiful weather, we are able to bring the water table outside for some refreshing activities. We are also able to take our musical instruments outside to perform for all who will listen.

SUMMER BIRTHDAYS

July 8	Cory
July 18	Ryann
July 26	Gabe
August 17	Tom
August 20	Kristin

Patty

ROOM 8

At the beginning of this month we had the grand opening of Johnny's Pizza Parlor. The children and I have turned our Housekeeping area into a pizza parlor. We made slices of pizza, garlic bread, and breadsticks during art time. We also made play money and menus.

We have been busy talking and learning about the signs of Spring. In art, we made Spring baskets out of milk cartons, stained glass ducks, and finger painted flowers. During the month of May, our theme will be Sand and Sea. We will be talking about all kinds of life that can be found in the ocean or sea, like starfish, sea horses, and shells. If anyone has any shells that they would like to share, please send them to school with your child and we will share them with the class.

SPRING AND SUMMER BIRTHDAYS

May 14	Matthew
May 16	Zachary
June 17	Omar
June 18	Melissa
August 12	Eric

Sue

ROOM 10

All the children have come a long way since last August. They have developed emotionally and physically. They have learned a lot about feelings and friendships. Some of the other things they have learned about are: shapes, numbers, letters, colors, finger plays, stories, art, and water play. Thanks to both parents and children for the great year. Have a terrific Summer.

SPRING AND SUMMER BIRTHDAYS

May 1	Leroy
May 3	Dugan
May 21	Taylor
June 9	Aileen
June 21	Logan
July 13	Adam
July 15	Michael

Diane

APPENDIX E

STATE AND LOCAL AGENCIES

Advocates for Retarded Citizens
1126 South 70 Street
Milwaukee, WI 53214
774-6255

Badger Association of the Blind
912 North Hawley Road
Milwaukee, WI 53213
258-9200

Center for Deaf-Blind Persons, Inc.
3680 S. Kinnickinnic Avenue
Milwaukee, WI 53207
TDD Voice 481-7477

Cerebral Palsy of Southeastern Wisconsin, Inc.
230 West Wells
Milwaukee, WI 53203
272-4500
TTY 272-1077

Children's Service of Milwaukee
1212 South 70 Street
Milwaukee, WI 53214
453-1400

Easter Seal Society of Milwaukee County, Inc.
3090 North 53 Street
Milwaukee, WI 53210
449-4444

Epilepsy Association of Southeastern Wisconsin
735 North Water Street
Milwaukee WI 53202
271-0110

Family Service of Milwaukee
2819 West Highland Blvd.
Milwaukee, WI 53208
342-4560
3033 South 27 Street
Milwaukee, WI 53215
643-4477

First Call for Help-Milwaukee
276-0760

Mental Health Association in Milwaukee County
230 West Wells Street
Milwaukee, WI 53203
276-3122

Multiple Sclerosis-Milwaukee Society
1126 South 70 Street
Milwaukee, WI 53214
475-5042

Muscular Dystrophy Association
811 North Hawley Road
Milwaukee, WI 53213
453-7600

National Spinal Cord Injury Association
1545 South Layton Blvd.
Milwaukee, WI 53215
384-4022

Next Door Foundation/Early On-Homestart
736 North 31 Street
Milwaukee, WI 53208
344-4522

Parent Education Project
230 West Wells Street
Milwaukee, WI 53208
272-4500

APPENDIX F

NATIONAL TOLL FREE NUMBERS

AIDS

National Sexually Transmitted Diseases Hotline
1-800-227-8922

Public Health Service AIDS Hotline
1-800-342-AIDS

ALCOHOLISM

Alcoholism Hotline at AD Care Hospital
1-800-ALCOHOL; (in New Jersey)
1-800-322-5525

National Clearinghouse for Alcohol and Drug Information
1-800-662-HELP

BLINDNESS/VISION

American Council of the Blind
1-800-424-8666

American Foundation for the Blind
1-800-AFBLIND

Job Opportunities for the Blind (JOB)
1-800-638-7518

National Association for Parents of the Visually Impaired
1-800-562-6265

National Eye Care Project Hotline
1-800-222-EYES

National Library Services for the Blind and Physically Handicapped
1-800-424-8567

National Retinitis Pigmentosa Foundation
1-800-638-2300

BURN VICTIMS

International Shriners Headquarters
1-800-237-5055
1-800-282-9161 (in Florida)
1-800-361-7256 (in Canada)

CANCER

AMC Cancer Information Line
1-800-525-3777

National Cancer Institute Information Service
1-800-4-CANCER

CEREBRAL PALSY

United Cerebral Palsy Associations, Inc. (UCPA)
National Headquarters (New York, NY)
1-800-USA-1UCP
UCPA Affiliate Relations Division
1-800-872-5827
UCPA Community Services Division
1-800-USA-5UCP

CHILD ABUSE

National Child Abuse Hotline
1-800-422-4453

Parents Anonymous Hotline
1-800-421-0353
1-800-352-0386 (in California)

CLEFT PALATE

America Cleft Palate
Educational Foundation Cleftline
1-800-24-CLEFT
1-800-23-CLEFT (in Pennsylvania)

COMPUTERS

Apple Office of Special Education
1-800-732-3131, Ext. 275

AT&T Computers (General Sales)
1-800-247-1212

Center for Special Education Technology
c/o Council for Exceptional Children
1-800-345-TECH

IBM National Support Center for Persons with Disabilities
1-800-IBM-2133

COMMUNICATION DISORDERS

American Speech-Language-Hearing Association
(V/TDD) 1-800-638-8255

National Center for Stuttering
1-800-221-2483

DEAFNESS/HEARING IMPAIRMENTS

Better Hearing Institute Hearing Helpline
703-642-0580 (in Virginia)
1-800-424-8576 (voice)

Captioned Films for the Deaf
(V/TDD) 1-800-237-6213

John Tracy Clinic on Deafness
(V/TDD) 1-800-522-4582

National Hearing Aid Society
Hearing Aid Helpline
1-800-521-5247 (Voice)

Occupational Hearing Services
(Dial a Hearing Screening Test)
(Voice) 1-800-222-EARS
(Voice) 1-800-345-3277 (in Pennsylvania)

TRIPOD GRAPEVINE, Service for Hearing Impaired
(V/TDD) 1-800-352-8888
(V/TDD) 1-800-346-8888 (in California)

DIABETES

Juvenile Diabetes Foundation Hotline
1-800-223-1138

DISEASES

Alzheimer's Disease and Related Disorders Association
1-800-621-0379
1-800-572-6037 (in Illinois)

American Leprosy Missions (Hansen's Disease)
1-800-543-3131

Huntington's Disease Society of America
1-800-345-4372

Lupus Foundation of America
1-800-558-0121

National Association for Sickle Cell Disease, Inc.
1-800-421-8453

National Cystic Fibrosis Foundation
1-800-344-4823

National Health Information Center (NHIC)
1-800-336-4797

National Information Center for Orphan Drugs and Rare Diseases (NICODARD)
1-800-456-3505

National Organization for Rare Disorders (NORD)
1-800-447-NORD

National Parkinson Foundation
1-800-327-4545
1-800-433-7022 (in Florida)

DOWN SYNDROME

National Down Syndrome Congress
1-800-232-NDSC

National Down Syndrome Society
1-800-221-4602

EQUIPMENT

AT&T National Special Needs Center
1-800-833-3232

EPILEPSY

Epilepsy Foundation of America
1-800-EFA-1000

GROWTH DISORDERS

Human Growth Foundation
1-800-451-6434

HEAD INJURY

National Head Injury Foundation
1-800-444-NHIF

HEALTH INFORMATION

National Information System for Health Related Services
1-800-922-9234

National Health Information Center
1-800-336-4797

IMMUNOLOGY

National Jewish Center for Immunology and Respiratory Medicine
1-800-222-5864

KIDNEY DISORDERS

American Kidney Foundation
1-800-638-8299
1-800-492-8361 (in Maryland)

LEARNING DISABILITIES (DYSLEXIA)

Educators Publishing Service, Inc.
Specific Language Disabilities (Dyslexia)
1-800-225-5750
1-800-792-5166 (in Maryland)

LIVER DISORDERS

American Liver Foundation
1-800-223-0179

MAINSTREAMING INTO THE COMMUNITY

National Organization on Disability
1-800-248-ABLE

MEDIA

Handicapped Media, Inc.
1-800-321-8708

Information Center for Special Education Media and Materials
1-800-772-7372

COGNITIVE DISABILITY

American Association on Mental Retardation
1-800-424-3688
202-387-1968 (in Washington, DC)

Association for Retarded Citizens of the United States (ARC)
1-800-433-5255

NEUROLOGICAL IMPAIRMENT/PARALYSIS

American Paralysis Association/Spinal Cord Injury Hotline
1-800-526-3456

National Headache Foundation
1-800-843-2256
1-800-523-8858 (in Illinois)

ORGAN DONORS

The Living Bank
1-800-528-2971

ORTHOPEDIC PROBLEMS

International Shriners Headquarters
1-800-237-5055
1-800-282-9161 (in Florida)

RARE DISORDERS

Cornelia deLange Syndrome Foundation
1-800-223-8355

National Information Center for Orphan Drugs and Rare Diseases (NICODARD)
1-800-456-3505

National Organization for Rare Disorders (NORD)
1-800-447-NORD

National Reye's Syndrome Foundation
1-800-233-7393
1-800-231-7393 (in Ohio)

National Tuberous Sclerosis Association
1-800-CAL-NTSA

REHABILITATION

D.T. Watson Rehabilitation Hospital
1-800-233-8806

National Rehabilitation Information Center (NARIC)
1-800-34-NARIC

RESPIRATORY DISEASE

National Jewish Center for Immunology and Respiratory Medicine Lung Line
1-800-222-LUNG

SPINA BIFIDA

Spina Bifida Hotline
1-800-621-3141

TELEPHONE FOR PERSONS WITH DISABILITIES

Tele-Consumer Hotline
1-800-332-1124
202-223-4371 (in Washington, DC)

TOYS (Safe)

Consumer Product Safety Commission
1-800-638-2772

NICHCY
National Information Center for Children and Youth with Handicaps
P.O. Box 1492, Washington, DC 20013,
703-893-6061 (Local, Voice/TDD)
1-800-999-5599 (Voice/TDD)

APPENDIX G

NATIONAL RESOURCES

CLEARINGHOUSES

Center for Special Education Technology
Council for Exceptional Children (CEC)
1920 Association Drive
Reston, VA 22091-1589
703-620-3660
1-800-873-8255

ERIC Clearinghouse on Handicapped. & Gifted Children
Council for Exceptional Children (CEC)
1920 Association Drive
Reston, VA 22091-1589
703-620-3660

Higher Education and Adult Training for People with Handicaps (HEATH)
One Dupont Circle NW, STE. 800
Washington, DC 20036-1193
202-939-9320
800-544-3284 (Voice/TDD)

National Clearinghouse for Professions in Special Education
2021 K Street NW, Ste. 315
Washington, DC 20006
202-296-1800

National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
301-565-4167
1-800-336-4797

National Information Center on Deafness (NICD)
800 Florida Avenue NE
Washington, DC 20002
202-651-5051 (Voice)
202-651-5052 (TDD)

National Maternal and Child Health Clearinghouse
38th and R Streets NW
Washington, DC 20057
202-625-8410

National Rehabilitation Information Center (NARIC)
8455 Colesville Road, STE. 935
Silver Spring, MD 20910-3319
301-588-9284
1-800-346-2742 (Voice/TDD)

ORGANIZATIONS

American Council of Rural Special Education (ACRES)
Western Washington University
Miller Hall 359
Bellingham, WA 98225
206-676-3576

American Foundation for the Blind (AFB)
15 West 16th Street
New York, NY 10011
212-620-2000
1-800-232-5463

American Occupational Therapy Assn. (AOTA)
P.O. Box 1725, 1383 Piccard Drive
Rockville, MD 20850
301-948-9626

American Physical Therapy Assn. (APTA)
1111 North Fairfax Street
Alexandria, VA 22314
703-684-2782

American Speech-Language-Hearing Assn (ASHA)
10801 Rockville Pike
Rockville, MD 20852
301-897-5700 (Voice/TDD)
1-800-638-8255

Association for the Advancement of Rehabilitation Technology (RESNA)
1101 Connecticut Ave. NW, STE. 700
Washington, DC 20036
202-857-1199

Association for the Care of Children's Health (ACCH)
3615 Wisconsin Ave. NW
Washington, DC 20016
202-244-1801

Association for Persons with Severe Handicaps (TASH)
7010 Roosevelt Way NE
Seattle, WA 98115
206-523-8446

Association for Retarded Citizens of the US (ARC)
2501 Avenue J
Arlington, TX 76006
817-640-0204

Autism Society of America (formerly NSAC)
1234 Massachusetts Ave. NW, Ste. C-1017
Washington, DC 20005
202-783-0125

Council for Exceptional Children (CEC)
1920 Association Drive
Reston, VA 22091
703-620-3660

Epilepsy Foundation of America (EFA)
4351 Garden City Drive, Ste. 406
Landover, MD 20785
301-459-3700
1-800-332-1000

Head Start (Project)
Administration for Children, Youth and Families
Office of Human Development Services
U.S. Dept. of Health & Human Services
P.O. Box 1182
Washington, DC 20013
202-245-0572
1-800-245-0572

Independent Living Res. Utilization Proj. (ILRU)
The Institute for Rehabiliation and Research
3400 Bissonnet, Ste. 101
Houston, TX 77005
713-666-6244

Learning Disability Association of America (LDA) (formerly ACLD)
4156 Library Road
Pittsburgh, PA 15234
412-341-1515
412-341-8077

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
914-428-7100

Muscular Dystrophy Association (MDA)
810 Seventh Avenue
New York, NY 10019
212-586-0808

National Alliance for the Mentally Ill (NAMI)
2101 Wilson Blvd., Ste. 302
Arlington, VA 22201
703-524-7600

National Down Syndrome Society
666 Broadway
New York, NY 10012
212-460-9330
1-800-221-4602

National Easter Seal Society
70 East Lake Street
Chicago, IL 60601
312-726-6200; (312) 726-4258 (TDD)
1-800-221-6827

National Head Injury Foundation, Inc.
333 Turnpike Road
Southborough, MA 01772
1-508-485-9950
1-800-444-6443

Natl. Lib. Svc. for the Blind & Physical Hdcpd.
The Library of Congress
Washington, DC 20542
202-707-5100

National Spinal Cord Injury Association
600 West Cummings Park, Ste. 2000
Woburn, MA 01801
617-935-2722
1-800-962-9629

Orton Dyslexia Society
724 York Road
Baltimore, MD 21204
301-296-0232
1-800-222-3123

Sibling Information Network
CT University Affiliated Program
991 Main Street, Ste. 3A
East Hartford, CT 06108
203-282-7050

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Sick Kids (need) Involved People (SKIP)
990 2nd Avenue, 2nd Floor
New York, NY 10022
212-421-9160
212-421-9161

Special Olympics
1350 New York Avenue, NW, Ste. 500
Washington, DC 20005-4709
202-628-3630

Spina Bifida Association of America
1700 Rockville Pike, Ste. 540
Rockville, MD 20852
301-770-7222
1-800-621-3142

Technical Assistance to Parent Programs (TAPP) Network
Federation for Children with Special Needs
95 Berkeley St. Ste. 104
Boston, MA 02116
617-482-2915
1-800-331-0688

Trace Research & Development Center on Communication, Control, and Computer Access for Handicapped Individuals
S-151 Waisman Center
1500 Highland Avenue
University of Wisconsin-Madison
Madison, WI 53705-2280
608-262-6966

United Cerebral Palsy Association, Inc.
7 Penn Plaza, Ste. 804
New York, NY 10001
212-268-6655
1-800-872-1827

National Information Center for Children and Youth with Handicaps (NICHCY)
P.O. Box 1492, Washington, DC 20013
703-893-6061 (Local, Voice/TDD)
1-800-999-5599 (Voice/TDD)

APPENDIX H

PUBLICATIONS FOR TEACHERS AND PARENTS

AUTISM

Bell, E. W. (Ed.) (1988). Autism: A Reference Book. New York, NY: Longman.

Foxx, R.M. (1982). Increasing Behaviors of Severely Retarded and Autistic Persons. Champaign, IL: Research Press.

Knoblock, P. (1982). Teaching and Mainstreaming Autistic Children. Denver Co., Love Publishing Co.

Paluszny, M.J., MD. (1979). Autism: A Practical Guide for Parents and Professionals. Syracuse, NY: Syracuse University Press.

Wing, L., M.D., (1972). Autistic Children: A Guide for Parents and Professionals. Secaucas, N.J.: The Citadel

CEREBRAL PALSY

Finnie, N.R. (1975). Handling the Young Cerebral Palsied Child at Home. New York, NY: E.P. Dutton.

Prensky, A.L. & Pulkens, H.S. (1982). Care of the Neurologically Handicapped Child: A Book for Parents and Professionals. Fiar Lawn, NJ: Oxford.

Schleichkorn, J. (1983). Coping with Cerebral Palsy: Answers to Questions Parents Often Ask. Austin, TX : PRO-ED.

COMMUNICATION

Berthal, J.E. & Bankson, N.W. (1981). Articulation Disorders. Englewood Cliffs, NJ: Prentice Hall.

Hixon, T.J., Shribers, L.D. & Saxman, J.H. (1980). Introduction to Communication Disorders. Englewood Cliffs, NJ: Prentice Hall.

Shames, G.H. & Wiig, E.H. (1982). Human Communication Disorders: An Introduction. Columbus, OH: Merrill.

Van Hattum, R.J. (1980). Communication Disorders: An Introduction. New York: Macmillan.

EMOTIONALLY DISABLED

Collins, C.G. (1983). Teaching the Emotionally Handicapped Child. Danville: The Interstate Printers & Publishers, Inc.

McElroy, E. (1988). Children and Adolescents with Mental Illness: A Parents Guide. Kensington, MD: Woodbine House.

Zionts, P. (1985). Teaching Disturbed and Disturbing Students: An Integrative Approach. Austin, TX: PRO-ED.

HEARING IMPAIRED

Davis, H. & Silverman, R.S. (1978). Hearing and Deafness (4th ed.) New York: Holt, Rinehart and Winston.

Freeman, R. Carbin, C.F. & Boese, R. (1981). Can't Your Child Hear? A Guide for Those Who Care About Deaf Children. Baltimore: University Park Press.

Gannon, J. (1981) Deaf Heritage. Silver Spring, MD; National Association of the Deaf.

Katz, L., Mathis, S. & Merrill, E.C., Jr. (1978). The Deaf Child in the Public Schools: A Handbook for Parents of Deaf Children (2nd ed.) Danville, IL: Interstate Printers and Publishers.

Mindel, E. & Vernon, M. (1971). They Grow in Silence: The Deaf Child and his Family. Silver Spring, MD: National Association of the Deaf.

Moores, D. (1987). Educating the Deaf: Psychology, Principles, and Practices (3rd ed.) Bostin: Houghton Mifflin Co.

Ogden, P. & Lipsett, S. (1982). The Silent Garden: Understanding the Hearing Impaired Child. New York City: St. Martin's Press.

Schlesinger, H. & Meadow, K. (1974). Sound and Sign: Childhood Deafness and Mental Health. Berkeley: University of California.

Spradley, T.S. & Spradley, J.P. (1978). Deaf Like Me. Washington, DC: Gallaudet University Press.

LEARNING DISABILITIES

Interagency Committee on Learning Disabilities. Learning Disabilities: A Report to Congress. 1987. (National Institute of Child Health & Human Development, 9000 Rockville Pike, Bethesda, MD 20892)

"Journal of Learning Disabilities." (PRO-ED, Austin TX)

Lerner, J. Learning Disabilities: Theories, Diagnosis, and Teaching Strategies. 1985. (Houghton, Mifflin Co., Boston, MA)

Smith, S. No Easy Answers — The Learning Disabled Child. 1981. (Bantam Books, New York, NY)

COGNITIVE DISABILITY

Cegelka, P.T. & Prehm, H.J. Mental Retardation: From Categories to People (Merrill Pub. Co., Columbus, OH)

Cougan, T. & Isbell, L. We Have Been There: Families Share the Joy and Struggles of Living with Mental Retardation. 1983. (Abingdon Press, Nashville, TN)

Perske, R. Hope for the Families: New Directions for Parents of Persons with Retardation and Other Disabilities. (Abingdon Press, Nashville, TN)

MULTIPLE DISABILITIES

Ludlow, B., Turnbull, A. & Lukasson, R. (1988). Transitions to Adult Life for People with Mental Retardation - Principles and Practices. Baltimore, MD: Paul H. Brookes.

Orelove, F. & Sobsey, D. (1987). Educating Children with Multiple Disabilities: A Transdisciplinary Approach. Baltimore, MD: Paul H. Brookes.

Snell, M.E. (Ed.) (1987). Systematic Instruction of Persons with Severe Handicaps. (3rd Ed.) Columbus, OH: Merrill.

Wehman, P., Moon, M.S., Everson, J.M., Wood, W. & Barcus, J.M. (1988). Transition from School to Work: New Challenges for Youth with Severe Disabilities. Baltimore, MD: Paul H. Brookes.

VISUALLY IMPAIRED

Huebner, K.M. & Swallow, R.M. (1987). How to Thrive, Not Just Survive: A Guide to Developing Independent Life Skills for Blind and Visually Impaired Children and Youth. New York, NY: American Foundation for the Blind

Kastein, S., Spaulding, I. & Scharf, B. (1980). Raising the Young Blind Child: A Guide for Parents and Educators. New York, NY: Human Sciences Press.

Scott, E., Jan, J. & Freeman, R. (1985). Can't Your Child See? (2nd ed.) Austin, TX: PRO-ED.

APPENDIX I

RESOURCES FOR PARENTS

BOOKS

Featherstone, H., A Difference in the Family: Living with a Disabled Child. 1981. New York: Penguin Books.

A book about the anger, fear, frustration, and joy a family experiences in caring for a child with disabilities, based on the author's own experiences with her severely disabled son.

Fewell, R., & Vadasy, P., Eds., Families of Handicapped Children: Needs and Supports Across the Life Span. 1986. Austin, TX: Pro-Ed. (Available from Pro-Ed, 5341 Industrial Oaks Blvd., Austin, TX 78735).

A book describing the many issues facing families of special needs children and the experiences of family members in their roles within the family "system." Provides information on support systems outside the family, including school-based, medical, and community services, and support from one's own religious community.

Goldfarb, L.A., Brotherson, M.J., Summers, J.A., & Turnbull, A., Meeting the Challenge of Disability or Chronic Illness - A Family Guide. 1986. Baltimore: Paul H. Brookes Publishing Co. (Available from Paul H. Brookes Publishing Co., P.O. Box 10624, Baltimore, MD, 21285-0624).

A book covering the issues faced by families who must care for a family member with a disability or serious illness. Discusses in detail the common problems that these families face, suggests ways families can get needed support based on their strengths and needs, and offers advice on how each family can define and take steps to solve the unique problems it faces. Contains an extensive resource section, and practical exercises for defining problems, for assessing family needs, strengths, and weaknesses, and for solving problems.

Thompson, Charlotte E., Raising a Handicapped Child: A Helpful Guide for Parents of the Physically Disabled. 1986. New York: William Morrow and Co., Inc.

A practical guide for parents new to the issues of disabilities or chronic illness. Offers suggestions on how to make decisions under pressure, find helpful professionals, cope with the costs of raising a child with disabilities, handle progressive disease and death, and how to survive parenting a special needs child. Includes extensive references and resources sections.

Tingey-Michaelis, C., Handicapped Infants and Children: A Handbook for Parents and Professionals. 1983. Austin, TX: Pro-Ed. (Available from Pro-Ed., 5341 Industrial Oaks Blvd., Austin, TX 78735).

A book about long-term, home care of children with disabilities. Contains practical information on meeting the needs of a child with disabilities with minimal disruption to the family.

Turnbull, Ann P. & Turnbull, H. Rutherford, Families, Professionals and Exceptionality: A Special Partnership. 1986. Columbus, Ohio: Merrill Publishing.

A book that addresses the issues of the unique and interdependent roles that families and professionals assume in caring and advocating for individuals with disabilities.

OTHER PRINTED MATERIALS

The EEN Triangle of Support: A Guide for Parents
For a free copy, write to:
Department of Public Instruction
Division for Handicapped Children and Pupil Services
125 South Webster
P.O. Box 7841
Madison, WI 53707
or call 342-3020 (in Milwaukee) or
1-800-362-3020 (Statewide) and ask the operator for the "DHC Hotline"

The EEN Triangle of Support clearly explains procedures related to referral and placement. It answers questions about laws and the role of the school district. It is clearly written and contains valuable information.

Parents Guide to the Development of Pre-School Handicapped Children: Resources and Services. October, 1984. No. 84-5. (Available from National Library Service for the Blind and Physically Handicapped, The Library of Congress, Washington, D.C. 20542.)

A listing of national organizations and producers and distributors of materials and services designed to assist parents in promoting their child's development in the early years.

Parent Helper - Handicapped Children Birth to Five. Maryland State Department of Education. 1982. (Order from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.)

Handbook on Socialization, Communication, Cognition, and Motor Development.

Parent Resource Directory (For Parents and Professionals Caring for Children with Chronic Illiness or Disabilities). 2nd edition. January, 1988. (Available from the Association for the Care of Children's Health, 3615 Wisconsin Avenue, N.W., Washington, D.C. 20016. Phone 202-244-1801 or 244-8922.)

A directory for parents and professionals to use to network and collaborate with others who care for or provide services to children having special health care needs. A resource for helping both parents and professionals develop partnerships at the state and local levels.

Selected Readings for Parents of Preschool Handicapped Children (A Bibliography). July, 1986. No. 86-1. (Available from National Library Service for the Blind and Physically Handicapped, The Library of Congress, Washington, D.C. 20542).

A bibliography of a representative selection of books and periodicals in the area of preschool children with disabilities, with emphasis on publications since 1979.

The Exceptional Parent. Available from The Exceptional Parent, 605 Commonwealth Ave., Boston, MA 02215. Phone: 617-536-8961.

A magazine published eight times a year for parents, individuals organizations, librarians, schools and agencies. (Also available at some book stands.)

APPENDIX J

SELECTED PRACTICAL RESOURCES FOR IMPLEMENTING A QUALITY EARLY CHILDHOOD PROGRAM

Bredekamp, S. Editor. Developmentally Appropriate Practice in Programs Serving Children Birth Through Age Eight. Expanded Edition. Washington, DC: National Association for the Education of Young Children, 1987.

Day, B.D. Early Childhood Education: Creative Learning Activities. 3rd Edition, New York: Macmillan, in press.

Elkind, D. "Formal Education and Early Childhood Education: An Essential Difference." Phi Delta Kappan. 67:9 (May, 1986): 631-636.

Hohman, M., B. Banet, & D.P. Weikart. Young Children in Action: A Manual for Preschool Educators. Ypsilanti, MI: High/Scope Press, 1979.

Katz, L.G. & S.C. Chard. Engaging the Minds of Young Children: The Project Approach. Norwood, NJ: Ablex, Inc., in press.

Loughlin, C.E. & J.H. Suina. The Learning Environment: An Instructional Strategy. New York: Teachers College Press, 1982.

Newman, J.M. Whole Language: Theory in Use. Portsmouth, NH: Heinemann, 1985.

Schnickedanz, J. More Than ABC's: The Early Stages of Reading and Writing. Washington, DC: National Association for the Education of Young Children, 1985.

Schweinhart, L.J. "How Important Is Child-Initiated Activity" Principal. 67:5 (May, 1988): 6-10.

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APPENDIX K

PROJECTS FUNDED BY THE EARLY EDUCATION PROGRAM FOR CHILDREN WITH DISABILITIES

Excerpts from "Early Education Program Sharing Document:Current Project Resources 1990-1991", a directory compiled by the National Early Childhood Technical Assistance System, a program of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

Project Name: **Early Childhood Special Education Community Integration**

Director: Mary Beth Bruder

Address: Division of Child and Family Studies
UCOHN Health Center Pediatric Department
The Exchange, Suite 164
Farmington, CT 06032

Phone: 203-674-1485

Fax: 203-679-1220

Major Goal: To design, develop, implement, and evaluate the delivery of special education and related services for preschool children, age three to five, within community early childhood projects.

Available Materials:
Project Study Guides-$3.00 per manual, topics below
- Integration
- Special Education Law
- Families
- Child Development
- Special Needs
- Programming
- Working with Others to Deliver Services
- Supports
- Transition
- Implementing Community-Based Model of Early Childhood Integration

Consultation Topics:
- Utilizing community early childhood programs for integration
- Evaluation of community-based integrated programs
- Integrated therapy
- Activity based integration

Project Name: **Demonstration Project to Integrate Hearing and Hearing Impaired in Child Care**

Director: Gail Solit

Address: Gallaudet University Child Development Center
800 Florida Avenue, N.E.
Washington, DC 20002

Phone: 202-651-5130

Major Goal: To develop a model for integrating hearing impaired children with hearing children in a developmental child care program emphasizing cognitive, social, and linguistic development.

Available Materials:
- Video
- Manuals and Directory
- Questionnaire about staff satisfaction in integrated child care programs
- Articles about the program

Consultation Topics:
- Mainstreaming hearing impaired children
- Interagency collaboration
- Deafness

Project Name: **Integrated Preschool Project**

Director: Elizabeth Fesler

Address: Rosemount Center
200 Rosemount Avenue, N.W.
Washington, DC 20010

Phone: 202-265-9885

Major Goal: To develop and implement an interagency collaborative model for delivery of integrated special education and related services for young children with disabilities, within existing preschools for children who are developing normally.

Available Materials:

- Booklets and audio tapes (English and Spanish) on language development; activities that parents can do with their children; special concerns
- Handbook for Family Day Care Providers for Children With Special Needs

Consultation Topics:

- Integrating special needs services into day care
- Bilingualism

Project Name: **Carousel Preschool Program**

Director: Pamela Osnes

Address: FUHI, USF MHG3-126
13301 Bruce B. Downs Blvd.
Tampa, FL 33612

Phone: 813-974-4565

Major Goal: To demonstrate an integrated, least restrictive preschool model that will provide preventative early intervention for young children with serious behavior problems in order to enable these children to function normally in public school kindergartens after discharge, and to avoid having these children classified for special education by the public schools.

Available Materials:

- Program Manual
- Program Video
- Curriculum Manual
- Staff Training Direct Observation System Manual
- Follow-Up Manual

Consultation Topics:

- Pre-kindergarten regular/special education integration strategies
- Staff training in integrated settings
- Post-discharge follow-up strategies

Project Name: **RAPIDS (Rural Alternatives for Preschool Integrated Delivery of Services)**

Director: David Lindeman

Address: Kansas University Affiliated Program
2601 Gabriel
Parsons, KS 67357

Phone: 316-421-6550

Fax: 316-421-6550, EXT. 1864

Major Goal: To examine delivery of education services in integrated day care and preschool settings for children with special needs.

Available Materials:

- Videos:
- RAPIDS (overview of program)
- Reciprocal Peer Tutoring
- Transition Planning
- Computer Managed Data-Based System for Matching Child and Family Needs to Day Care Settings
- Manuscripts:
- Determining Instructional Characteristics of Kindergarten Classrooms to Facilitate Successful Transition for Specialized Preschool Programs
- Reciprocal Peer Tutoring Between Preschoolers With and Without Disabilities

Consultation Topics:

- Overcoming obstacles to integration
- Integration of children with special needs into day care and community preschool settings
- Transition services
- Reciprocal peer tutoring

Project Name: **Project KIDS (Keying Integration in Day Care/Preschool Settings)**

Director: Maureen Guth

Address: ARC of Centre County
305 S. Burrowes Street
State College, PA 16801

Phone: 814-238-2105

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Major Goals: To develop a longitudinal, rural model of early intervention focusing on the integration of young children with developmental delays or conditions associated with handicaps.

Consultation Topics:
- Integrating preschoolers in a rural community
- Methods and tools for ongoing assessment of preschoolers

Project Name: **Project APIP (Alexandria Preschool Intervention Project)**

Director: Penny Wald

Address: Charles Barrett Elementary School
1115 Martin Custis Drive
Alexandria, VA 22302

Phone: 703-824-6965 (September-June 15)
703-549-9690 (Summer)

Major Goal: To develop and disseminate an integrated model where three and four-year-old children with mild to moderate handicaps are educated with their normally developing peers in a normalized preschool setting. Housed in a public school and staffed by an early childhood special educator and assistant, the model is designed to serve 12 children with a 1:1 h/nh ratio.

Available Materials:
- The APIP Integrated Preschool Model
- The C.H.I.L.D. Curriculum (A scope and sequence for children aged 2-5 years in the areas of cognitive, physical, interpersonal, language development.
- The Family Involvement Triangle (FIT)

Consultation Topics:
- Implementing an early childhood program for moderately handicapped and nonhandicapped children 3-5 years old
- The FIT approach to family-directed involvement
- Specific strategies to address the language and social development of children with special needs in mainstreamed settings

Project Name: **LRE Sensitive Curriculum: Mediated Learning**

Directors: Kevin Cole and Joseph Jenkins

Address: Experimental Education Unit WJ-10
University of Washington
Seattle, WA 98195

Phone: 206-543-4011

Fax: 206-543-8480

Major Goal: To develop, implement, evaluate, and disseminate a comprehensive mediated learning program to maximize development of children within a least restrictive environment, and to prepare handicapped preschoolers to enter a least restrictive environment.

Available Materials:
- Preschool Curriculum (designed to facilitate integration)

Consultation Topics:
- Preschool curriculum development
- Efficacy evaluation

Project Name: **Early Integration Training Project (ETIP)**

Director: Dennis Sykes

Address: Center for Special Needs Population
Ohio State University
700 Ackerman Road, Suite 440
Columbus, OH 43202

Phone: 614-447-0844

Major Goal: To develop a program for training child care, administrators, and support services personnel to serve young children with disabilities in an integrated setting; and to develop a system for training trainers.

Consultation Topics:
- Planning for "institutionalization" of project approach
- Interagency collaboration

Project Name: **Preschool Integration Through Technology Systems (PITTS)**

Director: Susan Mistrett

Address: UCPA Children's Center
4635 Union Road
Buffalo, NY 14226

Phone: 716-633-4440

Major Goals: To develop, implement, and evaluate a multidisciplinary trainer of trainers model to replicate a direct service model including competencies in three areas; social and school survival skills; use of technology with children with severe physical handicaps or speech/language impairments; and developing parents as advocates for mainstreaming and technology.

Available Materials:

- Special Friends and Computers (video/manual)
- Preschool Hardware/software Suggestions
- Social Interaction Strategies at Integrated Sites
- Single Switch Starter Kit
- Instructions on Using the Adaptive/Firmware Card
- Training Kit for Integrating Nonhandicapped and Handicapped Preschoolers with Technological Support

Consultation Topics:

- Integrating physically disabled and severely speech impaired preschoolers into community preschool centers
- Adapting Apple computers for preschoolers with handicaps
- Selecting software to encourage social skill building
- Training trainers to implement the Special Friends and Computers Model

Project Name: **Integrated Outreach for Utah Project**

Director: Sarah Rule

Address: Developmental Center for Handicapped Persons
Utah State University
UMC 6805
Logan, UT 84322

Phone: 801-750-1987

Fax: 801-750-2044

Major Goal: To train local program staff and trainers in curricula and materials developed by four model LRE programs for children aged 3-5: Social Integration Project, Multi-Agency Project for Preschoolers, Functional Mainstreaming for Success, and Preschool Transition Project.

Available Materials:

- Let's Be Social (curriculum)
- Let's Be Social Home Program
- Skills for School Success (transition curriculum)
- Curriculum and Monitoring System (skills)
- Functional Mainstreaming for Success Project
- A Program for Children With Handicaps Integrated into Community-Based Day Care Centers

Consultation Topics:

- Teaching social skills
- Teaching transition skills
- Peer buddy systems
- Individualization within group instructional formats
- Serving children with disabilities in community-based day care centers

APPENDIX L

SITES OBSERVED FOR THIS PROJECT

Garfield Elementary School
2215 North 4th Street
Milwaukee, WI
414-562-0555
integrated K3/K4

Alverno Childcare Services
3401 South 39th Street
Milwaukee WI 53215
414-382-6076
day care center with special needs child

Fairview Elementary School
6500 West Kinnic River Parkway
Milwaukee. WI
414-327-6900
integrated K/5; regular and special education K/5
integrated 24% of week

McNair Elementary School
4950 North 24th
Milwaukee, WI
414-462-4510
EEN and mainstreaming of four year olds

Westside Community Schools
Westside Early Childhood Centers
909 South 76th Street
Omaha, NE 68114
402-390-2100
integrated preschool, mainstreaming in elementary school

Seawell Elementary School
Seawell School Road
Chapel Hill, NC 27514
919-967-4343
K/5 and First Grade, with mainstreaming

Gaenslen Elementary School
1250 East Burleigh
Milwaukee, WI
414-264-2535
integrated third grade

Townsend Elementary School
3360 North Sherman Blvd.
Milwaukee, WI
414-449-3710
integrated K/5

St. Francis Children's Center
6700 North Port Washington Road
Milwaukee, WI
414-351-0450
integrated preschool

Woodlands School
1669 South Fifth Street
Milwaukee, WI
414-643-1600
High/Scope preschool

Kilbourn Elementary School
5354 North 68 Street
Milwaukee,WI
414-461-5810
integrated K-5

Manitoba Elementary School
4040 West Forest Home Avenue
Milwaukee,WI
414-645-8035
Regular Education Initiative

APPENDIX M

ANNOTATED BIBLIOGRAPHY OF CHILDREN'S LITERATURE*

FICTION

BLIND/VISUALLY IMPAIRED

AGES 4-8 (PRESCHOOL/PRIMARY)

My Favorite Place
Sargent, Susan and Wirt, Donna Aaron; illustrated by Allan Eitzen. Abingdon Press, 1983.

The story describes a girl's trip to the seashore. The book portrays activities that any child might partake in. It is not until the very end of the story that the reader learns that the girl is blind. Emphasis is placed on how she experiences things with her other senses. Very good.

From Anna
Little, Jean, pictures by Joan Sandin. Harper & Row, 1972.

A book about a girl and her family that move to America from Germany. After coming to America they find out that Anna cannot see very well and must go to a special school.

Sally Can't See
Peterson, Palle. The John Day Company, Inc., 1977.

Twelve year old Sally is blind. The book cautions people not to treat blind people artificially or in a patronizing manner. The braille system is shown and explained. Readers are invited to use it as they would a code. Dated illustrations.

Through Grandpa's Eyes
MacLachlan, Patricia, pictures by Deborah Ray. Harper and Row, 1979.

A young boy learns a different way of "seeing" the world from his blind grandfather.

AGES 7-11 (INTERMEDIATE)

Knots on a Counting Rope
Martin, Bill and Archambault, John; illustrated by Ted Rand. The Trumpet Club, 1987.

A young, blind Indian boy's grandfather repeatedly tells him the story of his birth and how he has learned to "see" with his other senses. Excellent.

The Rose-Colored Glasses
Leggett, Linda & Andrews, Linda; illustrated by Laura Hartman. Human Sciences Press, 1979.

Melanie learns to overcome her fears of having impaired vision.

The Seeing Stick
Yolen, Jane; illustrated by Remy Charlip & Demetra Maraslis. Thomas Y. Crowell Company, 1977.

Tale set in China describes how a self-centered princess learns to see, with the help of a mysterious old man, not with her eyes but with her hands, her mind and her heart. Beautiful drawings.

DEAF/HEARING IMPAIRED

AGES 4-8 (PRESCHOOL/PRIMARY)

A Button In Her Ear
Litchfield, Ada B.; illustrated by Eleanor Mill. George J. McLeod, Ltd., 1976.

Told in the first person, a little girl relates how her hearing problem is detected and corrected with the use of a hearing aid.

I Can't Always Hear You
Zelonky, Joy; illustrated by Barbara Rejno. Raintree Publications, 1980.

When Kim, a hearing impaired girl begins regular school after having been in a special school, she finds that she isn't as different as feared because everyone she meets has individual differences. Multicultural.

I Have a Sister - My Sister is Deaf
Whitehouse, Jeanne; illustrated by Deborah Ray. Harper & Row, 1977.

This story is about a young girl who describes how her deaf sister experiences every day life. Good illustrations; sensitive portrayal of what a deaf person will not experience because of their disability.

Jamie's Tiger
Wahl, Jan; illustrated by Tomie de Paola. Harcourt Brace Jovanovich, 1978.

After he is ill with the German Measles, Jamie learns to cope with his loss of hearing.

Lisa and Her Soundless World
Levine, Edna S., illustrated by Gloria Kamen. Human Science Press, 1974.

This book is about a girl who cannot hear. She learns to understand people through various methods such as lip-reading and sign language.

My Sister's Silent World
Arthur, Catherine; pictures by Nathan Talbot. Children's Press, 1979.

A girl describes her younger sister's hearing problem and the family's visit to the zoo on her sister's birthday. Some pictures dated, not multi-cultural.

Sound of Sunshine, Sound of Rain
Heide, Florence Parry; illustrated by Kenneth Longtemp. Parents' Magazine, 1970.

The story offers insight into the life of a young, deaf black boy. Sub-plot briefly treats the issue of racism. Narrated in the first person, one can learn that color is not important.

AGES 7-11 (INTERMEDIATE)

Apple is My Sign
Kispina, Mary. Houghton Mifflin Company, 1981.

A 10 year old boy returns to his parents apple farm for the holidays after his first term at a school for the deaf in Philadelphia.

AGES 12+ (MIDDLE SCHOOL)

A Dance to Still Music
Corcoran, Barbara; Illustrated by Charles Robinson. Atheneum, 1980.

After becoming sick, a girl loses her hearing and decides to run away so she won't have to go to a special school. While on the run, she meets a special friend who helps her turns her life around.

DISABILITIES - GENERAL

AGES 7-11 (INTERMEDIATE)

Please Don't Say Hello
Gold, Phyllis; photos by Carl Baker. Human Science Press, Inc., 1975.

With the support and love of his family, and through the encouragement of the neighborhood children, a nine year-old autistic boy is able to come out of his shell.

LEARNING DISABILITIES

AGES 12+ (MIDDLE SCHOOL)

Don't Bring Jeremy
Levinson, Marilyn; illustrated by Diane de Groat. Holt, Rinehart & Winston, 1985.

Sixth grade Adam finds it difficult to come to terms with the needs of his older brother who suffers from learning disabilities as he tries to fit in with a new crowd in a new neighborhood.

Keep Stompin' Till the Music Stops
Pevsner, Stella. Seabury Press, 1977.

A boy named Richard struggles to achieve independence in spite of his learning disabilities. Help comes to him in the form of his great-grandfather who defies the family plans to curtail Richard's independent lifestyle.

COGNITIVE DISABILITY

AGES 4-8 (PRESCHOOL/PRIMARY)

Don't Forget Tom
Larson, Hanne. Thomas Y. Crowell Co., 1972.

Six year old Tom is shown joining in family activities and is encouraged and helped by both his family and a special teacher. Not multicultural.

Jono: A Special Boy
Ominsky, Elaine; photos by Dennis Simonetti. Prentice Hall, 1977.

Photos and text describe the life of a young boy with Down Syndrome who has adjusted to being "special."

Like Me
Brightman, Alan. Little Brown & Co., 1976.

A young boy looks at his cognitively disabled friends and points out that everyone is the same, but some people are just slower than others.

AGES 7-11 (INTERMEDIATE)

My Sister Is Different
Ren Wright, Betty; illustrated by Helen Coganberry. Raintree Publishers, Inc., 1981.

Carlo struggles with his negative feelings about his older cognitively disabled sister but in the end comes to understand her special qualities. A very realistic look at the feelings siblings may have. Multicultural.

PHYSICALLY DISABLED

AGES 4-8 (PRESCHOOL/PRIMARY)

The Balancing Girl
Rabe, Berniece, illustrated by Lillian Hoban. E. P. Dutton, 1981.

This story is about a girl who uses a wheelchair and is mainstreamed into a first-grade class. The story tells about the many things the girl can do, especially her talent for balancing all kinds of objects. The book is not multicultural.

Howie Helps Himself
Fassler, Joan; illustrated by Joe Lasker Albert. Whitman & Company, 1975.

Howie, a child with cerebral palsy, enjoys being with his family and going to school. What he wants most of all is to be able to move his wheelchair by himself, and after hard work, he finally succeeds. The book is multi-cultural, but does not show Howie in a mainstreamed classroom.

Jay and the Marigold
Robinet, Harriette; illustrated by Trudy Scott. Children's Press, 1976.

A young boy born with cerebral palsy watches a flower grow in spite of certain handicaps. A link is made between the flower and his own handicap and shows the boy that he, too, can grow.

AGES 7-11 (INTERMEDIATE)

Ride the Red Cycle
Robinet, Harriette Gillem; illustrated by David Brown. Houghton Mifflin Co., 1980.

Jerome, a young black boy physically handicapped since the age of two, struggles to realize his dream of riding a cycle.

The Sneely-Mouthed Snerds and the Wonderoctopus
Grealish, Charles A. and Mary Jane Von Braunsberg; Illustrations by Richard Williams. Human Policy Press, 1975.

In the Land of the Sneely-Mouthed Snerds, snerds are afraid of Snerds who are different and treat them very badly. They are also afraid of the Wonderoctopus, who eats Snerds and grows with each act of meanness. Willie Two-Poled Snerd comes to town and saves some Snerds who are teasing him from the Wonderoctopus. The Snerds elect him king, and Willie helps the Snerds to realize that everyone can be different and it is okay. A very different book with a very important message.

AGES 12+ (MIDDLE SCHOOL)

Head Over Wheels
Kingman, Lee. Houghton Mifflin Co., 1978.

After an automobile accident, 17 year old twins Terry and Kerry, must face the fact that Terry will never walk again.

Loving Ben
Laird, Elizabeth. Delacorte Press, 1988.

During a girl's teenage years, she matures quickly as she experiences the birth and death of her hydrocephalic brother. Because of the experience, she changes her viewpoint about character in friends, and begins working with a child with Down Syndrome. Excellent novel.

NONFICTION

BLIND/VISUALLY IMPAIRED

AGES 7-11 (INTERMEDIATE)

Helen Keller
Davidson, Margaret, illustrated by Wendy Watson. Scholastic, Inc., 1969.

The story of Helen Keller who, with the help of a special teacher, Annie Sullivan, battles her disabilities. The story is told in an easy to understand manner. The braille alphabet is imprinted on the back cover.

Laurie
Gireig, Diane and Alan J. Brightman. Scholastic Book Service, 1978.

This book is about Laurie, who is blind. She is 14 years old and very active with school activities and life goals.

Louis Braille
Davidson, Margaret; illustrated by Janet Compere. Scholastic, Inc., 1971.

This is the biography of Louis Braille, the inventor of the braille alphabet. The braille alphabet is imprinted on the back cover.

DEAF/HEARING IMPAIRED

AGES 4-8 (PRESCHOOL/PRIMARY)

Amy: The Story of a Deaf Child
Walker, Lou Ann. Lodestar Books, E.P. Dutton.

Many photographs illustrate Amy's life. A book about life as a deaf person contains sign language hand position (words and phrases).

Claire and Emma
Peter, Diana, photos by Jeremy Finlay A & C Black, Ltd., 1976

This story, as told by the mother of Claire and Emma, is about two sisters who were born deaf and wear hearing aids to help them learn to speak and lip-read.

Meet Camille & Danille - They're Special Persons
Glazzard, Margaret. H & H Enterprises, Inc., 1978.

This book is about a set of twins who are hearing impaired. It brings them through a normal day and shows that they are real people. A record accompanies the book.

AGES 7-11 (INTERMEDIATE)

Anna's Silent World
Wolf, Bernard; pictures by Bernard Wolf. J. B. Lippincott Company, 1977.

Done in black and white photography, the book describes the special training and equipment used to help a deaf girl talk, read and write. The girl is enrolled in a "regular" classroom. A few pictures are multi-cultural. Christmas is referred to in the last few pages. Good for showing some of the technical aspects of the deaf.

DISABILITIES - GENERAL

ALL AGES

Handtalk - ABC of Finger Spelling and Sign Language
Remy Charlip, Mary Beth and George Ancona. Parents Magazine Press, 1974.

An instructional books which introduces users to two types of sign language.

What Do You Do When Your Wheelchair Gets a Flat Tire
Biklen, Douglas and Michele Sakdoff. Scholastic Book Service, 1978.

Questions are answered by children with disabilities. The book covers all disabilities. Excellent.

AGES 4-8 (PRESCHOOL/PRIMARY)

Someone Special Just Like You
Brown, Tricia, photos by Fran Oritz. Holt, Rinehart & Winston, 1984.

Photographs of children with different types of handicaps. Text develops theme of similarities rather than differences, Good book. Contains a brief bibliography of books dealing with disabilities.

LEARNING DISABLED

AGES 4-8 (PRESCHOOL/PRIMARY)

Meet Scott - He's A Special Person
Glazzard, Margaret H. H & H Enterprises, Inc., 1978.

This is a story about Scott, a boy with learning disabilities. He learns to cope with his disability. The book has a record to go along with it.

COGNITIVE DISABILITY

AGES 4-8 (PRESCHOOL/PRIMARY)

Meet Lance - He's A Special Person
Glazzard, Margaret H. H & H Enterprises, Inc., 1978.

A story about Lance, a boy with trainable cognitive disability. This book shows Lance doing many things. Comes with a record.

Where's Chimpy?
Rabe, Berniece, photos by Diane Schmidt. Albert Whitman & Company.

C.C. Misty is a child with Down Syndrome who likes her toys and playthings, just like other children. She is always looking for Chimpy, her teddy bear.

AGES 7-11 (INTERMEDIATE)

My Brother Steven is Retarded
Sobol, Marriet Langsam, photos by Patricia Agre. MacMillan Publishing Co., 1977.

This story is about a young girl who tells about her older brother who is cognitively disabled.

MULTIPLE DISABILITIES

AGES 4-8 (PRESCHOOL/PRIMARY)

Meet Danny - He's A Special Person
Glazzard, Margaret H. H & H Enterprises, Inc., 1978.

A boy with multiple disabilities goes to school.

PHYSICALLY DISABLED

AGES 4-8 (PRESCHOOL/PRIMARY)

Alesia
Greenfield Eloise and Revis. Alesia Philmel Books, 1981.

A young black girl is confined to a wheelchair after being hit by a car. The book documents, chronologically, her convalescence, illuminating the authors' thoughts on the problems of the disabled.

Janet at School
White, Paul; photos by Jeremy Finlay. Thomas Y. Crowell Co., 1978.

Janet is a 5-year-old girl with spina bifida. Despite her disability, she is as happy as other children her age and can do many things.

Tracy
Mack, Nancy; photographed by Heinz Kluetmeier. Raintree Editions, 1976.

Tracy, a girl with cerebral palsy, describes how she feels about her disability, the equipment she uses, the activities she takes part in, and her "regular" school. Pictures are dated, not multicultural.

Our Teacher's in a Wheelchair
Powers, Mary Ellen Albert. Whitman & Company, 1986.

The story of Brian Hanson, a nursery school teacher who is able to lead an active life even though partial paralysis requires him to be confined to a wheelchair. A very good book.

AGES 7-11 (INTERMEDIATE)

Don't Feel Sorry For Paul
Wolf, Bernard; photography by Bernard Wolf J. B. Lippincott Company, 1974.

Done in black and white photographs, the book looks at two weeks in the life of a boy with disabilities. Pictures show Paul riding a bike, playing football, going to a "regular" school, and riding a horse, for which he has won medals. Some of the book is devoted to the technical aspects of his disabilities. A few of the photographs are multicultural.

Ginny
Brightman, Alan J. and Kim Susan Storey. Scholastic Book Services, 1978.

This is the story of Ginny, a girl who is a dwarf. Ginny gets the message across to people that just because she is shorter doesn't mean she has any less of anything.

I'm the Big Sister Now
Emmert, Michelle. Albert Whitman & Company, 1989.

Nine year old Michelle describes the joys, loving times, difficulties and other special situations which occur through living with her older sister Amy who was born with cerebral palsy. Good book.

A Look at Physical Handicaps
Sanford Pursell, Margaret; photographs by Maris Forvai. Lerner Publications Company, 1976.

The book describes problems faced by people with physical disabilities such as paralysis, etc.

AGES 12+ (MIDDLE SCHOOL)

On With My Life
Trull, Patti. General Publishing Co., 1983.

Diagnosed as having cancer at age 15 and having a leg amputated, the author of this true story relates her determination to overcome the disease and her experiences as a therapist to children with cancer.

ADDITIONAL LITERATURE

BLIND/VISUALLY IMPAIRED

A Bowl of Sun
Wosmek, Frances. Children's Press.

A Cane in Her Hand
Litchfield, Ada B., illustrated by Eleanor Mill Albert. Whitman & Co., 1977.

Child of the Silent Night: The Story of Laura Bridgeman
Hunter, Edith Fisher. Houghton Mifflin, 1963.

Horses, Airplanes, and Frogs
Parker, Mark and Sicular, Dan. Children's Press.

My Mother is Blind
Reuter, Margaret and Lanier, Philip. Children's Press.

Roly Goes Exploring
Newth, Philip. Philmel Books, 1981.

Two Strikes Four Eyes
Delaney, Ned. Houghton Mifflin Company.

DEAF/HEARING IMPAIRED

A Certain Small Shephard
Caudill, Rebecca; illustrated by William P. du Bois. Holt, 1965; Dell, 1987.

The Half-A-Moon Inn
Fleischman, Paul. Harper, 1980; Scholastic, 1982.

Who Am I?
Head, Barry and Sequin, Jim; photos by Walter Seng. Hubbard, 1975.

Words in Our Hands
Litchfield Ada B.; illustrated by Helen Cogan Cherry. Albert Whitman & Co., 1980.

DISABILITIES - GENERAL

Amy Maria
Grealish, M. J. V. B., and Grealish, C. A.
Human Policy Press, 1975.

Glue Fingers
Christopher, Matthew F. Little. Brown & Co., 1975.

The Pistachio Prescription: A Novel
Danzigu, Paula. Delacorte Press, 1978.

You Don't Have to Hear to Cook Pancakes
Biklen, D., and Barnes, E.
Human Policy Press, 1978.

MBD: The Family Book About Minimal Brain Dysfunction
Gardner, R. A. Jason Aronson, 1973.

LEARNING DISABLED

He's My Brother
Lasker, Joe; illustrated by same. Albert Whitman & Co., 1974.

COGNITIVE DISABILITY

The Blue Rose
Klein, G. W. Lawrence Hill, 1974.

My Friend Jacob
Clifton, Lucille; illustrated by Thomas DeGrazie. E.P. Dutton, 1980.

One Little Girl
Fassler, J. Behavioral Publications, 1969.

MULTIPLE DISABILITIES

My Friend Leslie
Rosenberg, Maxine B.; illustrated by George Ancona. Lothrop, Lee & Shepard, 1983.

PHYSICALLY DISABLED

About Handicaps: An Open Family Book for Parents: Parents and Children Together
Stein, S. B. Walker, 1974.

All Kinds of Families (wheelchair)
Siman, Norma, illustrated by Joe Lasker. Albert Whitman & Co., 1976.

Danny's Song (crutches)
Nadas, Betsy P., designed by Frank Dastolfo. Hubbard, 1975 (part of the "I am, I Can, I Will" set of materials created by Mr. Rogers).

Darlene (wheelchair)
Greenfield, Eloise; illustrated by George Ford. Methuen, 1980.

Good Morning Franny, Good Night Franny (wheelchair)
Hearn, Emily; illustrated by Mark Thurman Canada. Women's Press, 1984.

Hacket McGee
Grealish, Charles and Mary Jane. Scholastic Book Services.

Hollis Being Me
Brightman, A. J. and Storey, K. S. Scholastic, 1978.

You're Somebody Special On A Horse
Brown, Fern G. Albert. Whitman & Co., 1977.

SOURCES FOR CHILDREN'S BOOKS ABOUT DISABILITIES

CCBC, The Bookfinder, Volumes 1-4
Sharon Spredemann Dryer. American Guidance Service.

Books About Handicaps for Children and Young Adults The Meeting Street School Annotated Bibliography compiled and annotated by Patricia Bishop.

IBBY - Books of Disabled Children

More Notes From A Different Drummer
Barbara H. Maskin & Karen H. Harris. R.R. Bowker Company.

Health, Illness and Disability: A Guide to Books for Children and Young Adults; by Pat Azaruoff.

A to Z - Subject Access to Children's Picture Books, 3rd Edition, Carolyn W. and John A. Lims. R.R. Bowker Company.

Bibliography on Disabled Children; Canadian Assn. of Children's Libraries.

Accept Me As I Am: Best Books of Juvenile Nonfiction on Impairments and Disabilities, R.R. Bowker Company.

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